THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 218. } PHILADELPHIA, DECEMBER 22, 1860. { NEW SERIES, VOL. V. NO. 12.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

The Pulse—its Value as a Diagnostic Sign of Pulmonary Tuberculosis, with Cases Illustrating the Same.

By A. P. Dutcher, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

Perhaps there is no one symptom more frequently consulted and relied upon, as a diagnostic mark of pulmonary tuberculosis, than a tense, jerking, and frequent pulse. In giving this symptom its due weight and importance, we must briefly consider the character and variations of the pulse during health. If we do not do this, we will not be able to form a just estimate of what constitutes a morbid condition of the pulse in this case or any other.

The most superficial observer will soon discover that there are variations to be found in the natural state of the pulse—variations dependent on the strength of the heart and on the natural constitution of the arteries. When the heart is large and firm, other things being equal, the pulse will be sharp and strong; when the contrary exists, it will be dull and feeble. If the arteries have thin and yielding coats, and are at the same time of large diameter, the pulse will generally be large and soft; if their calibre be small, the pulse will be small and weak; if their walls, on the other hand, be deficient in elasticity, and very firm, the pulse will then be commonly hard and strong, as well in health as in disease.

The pulse is also influenced by temperature, age, sex, and the various temperaments of the body. It is also remarkably influenced by the various mental emotions—anger, grief, fear, and joy. It is likewise very materially affected by taking of various kinds of aliment, by ardent spirits, by opium and other sedatives, by exercise, sleep, and watching, and the periods of the day. Gravitation produces a decided influence on the pulse; thus, if a limb be raised in a vertical position, the beat of the artery becomes considerably feebler. The influence of exercise in raising the pulse exceeds that of all other stimuli, and even of the most inflammatory diseases. A full meal will augment the frequency of the pulse, by from ten to twenty beats in the minute, according to the excitability of the individual. The frequency of the pulse during sleep is considerably reduced, which depends chiefly on the comparative cessation of all voluntary muscular action.

The effect of posture on the pulse is also very marked. Thus, for the most part, it is more frequent in the erect, or standing, than in the sitting posture: and in this latter, again, somewhat quicker than when lying, the average difference, in the first instance, being about double that in the second. Thus, we find, on experiment, throwing aside nearly every other cause, that the average difference between the standing and sitting posture, will be ten per minute; between sitting and lying, about five; and between standing and lying, about fifteen. The difference depends on and is directly proportional to the muscular effort exerted in the maintenance of respective postures. It becomes greatly augmented in cases of debility, and increases in a very rapid ratio whenever the circulation, whether from disease or exercise, is much accelerated. It is, moreover, most conspicuous in the early part of the day, reaching its maximum about noon, and its minimum about midnight. The excitability of the pulse in respect to other causes is, likewise, when in a state of health, at its height in the morning. The strength of the pulse is the greatest in the recumbent posture, so that the

greatest strength and least frequency are attained simultaneously.

The temperaments, also, have a great influence on the pulse. Thus persons of the lymphatic temperament, as a general thing, have a slow, soft pulse, while individuals of the sanguine and nervous have a more active and sharper pulse, while those of the bilious have a full, strong pulse, but not very frequent. But as the temperaments are seldom found pure, they being united in various combinations, so as to form what may be called the nervo-bilious, the nervo-sanguineous, etc., we will always find various gradations in the strength and frequency of the pulse, according to the predominating temperament. Hence, we sometimes find individuals of the lymphatic temperament suffering from inflammation, with a pulse varying but little from that which would be a healthy standard in a person of the nervous or sanguine. So, also, we frequently see individuals of the nervous temperament, when ill, with a pulse far above the healthy standard, both as to strength and frequency, when there is not a particle of inflammation attending the malady; its rapidity the result of the prevailing influence of the peculiarities of the constitutional temperament. I am acquainted with several persons of the nervous temperament, whose pulse, even in health, is seldom less than 90 per minute in the sitting posture. The temperaments, therefore, should not be overlooked, when we are to form an opinion of any disease by the character of the pulse.

The quantity and quality of the blood, also, have a great influence on the pulse. We have a striking example of this in cases of plethora, in which it is distinguished by its fullness, as well as its strength, unless when, from overdistension or some other cause, the action of the heart is temporarily oppressed. Again, the loss of blood renders the pulse soft and less frequent. But where bleeding, for instance, is carried to excess, it seems to excite or exalt the irritability of the heart, and, consequently, renders the pulse more rapid and sharp; but, even then, it will have a quick, jerking, or bounding character, without fullness or permanence under the finger, sufficiently indicative of deficiency of blood in the arteries. The quality of the blood has also a marked influence on the pulse. When it abounds in its normal constituents, it is circulated with facility. But when it becomes deficient in its healthy constituents, and its specific gravity is very much reduced, it is with difficulty propelled through the arteries, hence the heart labors more actively, and the pulse is augmented in frequency.

The following table, from Carpenter's Principles of Human Physiology, will show the average frequency of the pulse, at the different periods of life specified:

	Beats	per	Minute.
In the fœtus in utero	140	to	150
Newly-born infant	130	to	140
During the first year	115	to	130
During the second year	100	to	115
During the third year	90	to	100
About the seventh year	85	to	90
Age of puberty	80	to	85
Manhood	70	to	80
Old age	50	to	65

The difference of the pulse, caused by sex, is very considerable, particularly in adult age. The pulse of the adult male is much less frequent than that of the adult female, at the same age—the latter having a pulse more frequent by ten beats per minute.

Such are some of the circumstances which regulate the action of the pulse during health. We will now notice some of its peculiarities as manifested during the progress of phthisis. The character of the pulse in this disease, which has always attracted most attention, is *frequency*. By a reference to the above table, you will see that the average number of beats of the pulse per minute are 70 to 80 in the adult. Now, when phthisis exists, the pulse will seldom be less than 100 per minute. Even at its very commencement, the frequency and excitability of the pulse is often its most striking characteristic. When the patient is tranquil, the pulse is tranquil, but the least excitement carries it up ten, and sometimes twenty, beats in a minute. As the disease advances, the acceleration of the pulse becomes more and more decided. In the last stage of the disease I have frequently seen it number more than one hundred and fifty strokes in a minute.

If I am called to see an individual who is able to be up and about, with a pulse varying in frequency from 100 to 110, or if he is able to come to me with a pulse of this description, I generally suspect phthisis from that symptom alone, for I am not acquainted with any disease, where the pulse is so frequent, that the patient would be capable of such exertion. It is only in phthisis that an individual should be able to do it, with a pulse thus augmented in frequency.

Some two years since I was requested to see a young man, said to be very ill with intermit-

tent fever, having recently came from a malarious district. He informed me that his health had not been very good for more than a year. This he attributed to occasional attacks of ague. The present indisposition commenced about eight weeks since, during which time he has had regular paroxysms of chills and fever in the morning, attended with slight perspiration in the afternoon. Rests well at night, and has a good appetite. Has but little cough and expectoration. Thompson's gingival margin is not present. Has no hereditary title to phthisis. Has emaciated but very little. In the after part of the day is able to ride out in a carriage three or four miles. Is cheerful and disposed to look at the bright side of life's picture. His physician regarded his case as chronic ague, and had been treating him accordingly.

It was in the evening when I first saw him, and the only marked peculiarity in his general symptoms, which I was able to discover, was the frequency of his pulse, and this appeared to be out of proportion with every thing else, numbering 110 per minute, in the sitting posture. This circumstance led us to make a more critical examination of the case. Every physician who has been very much in the habit of treating intermittent fever will bear testimony to the fact, that in the complicated form of the malady, during the intermission between the paroxysms, we seldom meet with an individual who has a pulse over 90 per minute. And where we do meet with a case of this kind, we are apt to infer the existence of organic disease. In this instance we came to this conclusion, and it was verified by a careful examination of the chest; for, on percussion, dullness was elicited under the left clavicle, and, on auscultation, crepitation, prolonged expiration, and marked vocal resonance, with some clicking, showing very clearly the existence of tubercular infiltration and softening, with slight inflammation of the left lung, particularly the superior lobe of the lung. The sounds elicited on the right side were normal, with the exception of the prolonged expiratory murmur, indicating the formation of crude tubercular matter. His case was, therefore, easily made out. The prognosis was unfavorable. He died some six months afterwards, a very marked example of pulmonary tuberculosis.

But we must not rely too much on the frequency of the pulse as a symptom of phthisis. We will sometimes meet with individuals, who have the disease, where the pulse does not rise above the natural standard. These persons are somewhat advanced in life, and the progress of the disease is very slow. I recently attended an old man aged 70, who died with the disease, whose pulse at no time during his illness was over 65 per minute.

The most interesting thing connected with the pulse, during the progress of phthisis, particularly in the second and third stage, is the fact that it is not materially altered by change of posture. We have already referred to the fact, that in health the pulse varies much between the standing and lying posture—about 15 beats per minute. Now, the difference produced by change of posture, in this disease, is very trivial. In some cases no change is produced, while in others it will not exceed more than two beats per minute, and very rarely ten. I saw an individual, a few days since, afflicted with this disorder, whose pulse in the sitting posture was 110, and after walking up a flight of stairs twelve feet high, it was only increased ten strokes in a minute. I have frequently tried this experiment, with very nearly the same results. And it is a question which remains to be settled, whether the pulse ever entirely regains its sensitiveness to change of posture, when the lungs have been the seat of tubercular deposits. The return of such sensitiveness, under treatment, is, without doubt, a favorable circumstance, as the following case will prove:

W. B. was an individual of the nervo-bilious temperament; aged 23. Had no hereditary title to phthisis. When in health weighed 130. At the time of my first visit he had been ill for nearly two months, and had declined in weight to 103. In the lying posture his pulse was 110 per minute; in the standing, 112. His respiration was 30 per minute in the lying posture; no change by standing. Mouth and throat very much inflamed. Gingival margin very clearly defined, both on the upper and lower jaw. Has had a dry cough for three weeks. Bowels costive, and somewhat tender to the touch. Has had fever every afternoon for ten days. Appetite very poor, and did not rest well at night. Mind hopeful and contented. He complained of pain in the left side, and could not lie upon it. Percussion elicited dullness under the left clavicle. On auscultation, slight crepitation, prolonged expiration, with marked increased vocal resonance, showing inflammation and slight tubercular infiltration of the superior lobe of the left lung. The sounds elicited on the right side were normal.

For the first ten days the treatment was antiphlogistic, after which he was placed upon the use of cod-liver oil, quinia, iron, and London porter, which were continued, with slight variations and interruptions, for two months, at which time he presented the following condition:

Pulse, lying, 75, standing, 85; respiration, 18. There is still some dullness and vocal resonance under the left clavicle; prolonged expiration and crepitation all disappeared; the gingival margin was but faintly defined. He was now able to ride on horseback several miles in the course of the day, and had gained 12 pounds in weight. Two months from this time he was in the enjoyment of his usual health.

In watching this case closely, I observed that just in proportion as the pulse was increased in frequency, by changing from the lying to the standing posture, was the improvement. And when the difference was 10, the patient was nearly well. His pulse, however, never acquired that sensitiveness to change of posture which belongs to the normal pulse; for at no time does it ever exceed 12 beats per minute, between lying aud standing.

But we should not neglect to observe, that the pulse is more sensitive to change of posture in the morning; and we will find in cases of phthisis, that the difference will be somewhat more in the morning than in the evening. Thus, in Mrs. S., a patient of mine, in the second stage of the disease, the pulse in the morning is 120 lying; standing, 128. In the evening, 120 lying, and 122 standing. We will do well, therefore, to keep this peculiar character of the pulse constantly in view, for it will aid us very much in our diagnosis and prognosis of this disease.

From what has been said upon this subject, I think we may reasonably make the following inferences:

1st. That when an individual is able to come to us with a pulse numbering 100 or 110 beats per minute, we should suspect pulmonary tuberculosis, from that symptom alone.

2d. That when unnatural frequency of the pulse occurs at the very commencement of the disease, and increases under treatment, we may anticipate a speedy and fatal termination of the case.

3d. That when the pulse is not very frequent, and gradually approaches the natural standard under treatment, we may sometimes hope for a favorable termination—a restoration to comparative health; and,

4th. That an improvement in the symptoms, generally, does not always bring with it a uniform improvement of the pulse. Its frequency is sometimes the last thing to disappear, in cases which recover.

On Disease as Manifested Epidemically and Epizoötically in the United States during the Summer and Autumn of 1860.

(Continued from page 277.)

By M. L. Knapp, M. D., etc.

Upon the whole, how superlatively ridiculous it is for learned doctors to spend their lives in laboring to "make the worse appear the better cause"—to make out that there are five hundred different diseases, or perhaps a thousand, according to symptoms, when, in fact, the symptoms are not disease at all, only evidences of it. I do not mean that symptoms should be disregarded, for they indicate the location of disease, but I do mean to say that the same amount of intellect, time, and labor, now employed in symptomatology and diagnosis, turned toward the investigation of the *essential nature* of disease and its causes, would soon make practical medicine a beautiful science. Develop practical medicine into a science, and sectarianism in medicine must vanish. Show clearly the great central truth that disease in all its manifestations is a unit in its essential nature—impaired nutrition—the opposite of health, which is a good or perfect state of nutrition, and it will gradually be dislodged. I may be permitted to say in this connection that the tyranny—the dogmatical tyranny of practical medicine—fought Dr. Jenner for twenty years on his discovery of the preventive power of vaccination over small-pox. It fought Dr. Harvey twenty-five years on his discovery of the circulation of the blood; and the same dogmatical adherence to old errors is opposing the new truths of my philosophy of disease. The doctors say there is more in my book than they are willing to admit. The profession feels the force of its truths, but the bondage of its errors prevents their endorsements, except by individuals. The joy the book gives individuals here and there, wherever it is disseminated, is proof that I am in the right. "*Poco a poco, y con tiempo se maduran las uvas,*" as the Spanish proverb has it, is the promise in the future. The

reason Dr. Rush did not establish the doctrine of the unity of disease, was because he made out disease to be *morbid action*. But certainly disease is not the action present. A cripple gets on the best way he can, but his action is not the essence of his difficulty. So in all disease. Nature moves in the best efforts she can, under the impaired state of nutrition present. The cattle on a thousand hills and in a thousand valleys that have sickened and died this season of so-called pleuro-pneumonia, black tongue, charbon, ophthalmia, milk fever, glanders, rot, cholera, etc., etc., etc., all had *one and the same essential difficulty*—an impoverishment of the blood, or an impaired state of nutrition. This dyscrasy or bad habit of the body is the first step, or the initial, or the predisposition, and comes of bad food, bad air, and bad meat; for good food, good air, and good meat are surely the vital stimulants that maintain health. Climatic influences will give variety to the manifestations set up, or the phenomena. So will the state and the changes of the weather. So will hereditary proclivities or constitutional weaknesses, etc. Under this state of predisposition of herds the effluvia from sick cattle will light up active disease. Again, even the contaminated air from effluvia of healthy cattle will light up a mortal fever in herds so predisposed, which explains the reason of the Missouri cattle sickening from contact with drovers from Texas, spoken of in a former communication. It explains also the reason why *all* of the exposed do not take the pleuro-pneumonia, glanders, and other infectious forms of disease. Some are in too perfect a state of nutritive health to be affected by the effluvia. This is the case in all epidemics and epizoötics. The pheomena sustain this view, and so do reason and common sense.

I say the state of predisposition, or the constitutional dyscrasy present in man and animals, explains the main law of the spread of disease by effluvia, infection, and contagion. I say, too, the general dyscrasy is a state of impaired nutrition, nothing more nor less, and no matter what has caused it, whether a long, cold winter, or a long, hot summer, or bad food, or all consecutively, the condition is essentially the same, and identical with the so-called scorbutic diathesis—there is but one. Now, almost any unusual influence will excite active disease upon this latent dyscrasy. Vicissitudes of temperature, foul effluvia, indigestible food, and in the human species moral causes, are the most common exciting or developing causes of active disease. I say, furthermore, that these exciting causes develop the epiphenomena seen in active disease by reason of their aggravation of the difficulty. A shock to the nerves, violent emotion, often arrest digestion, and throw the sanguiferous system into a perfect tumult. And I must say, I cannot see any other law violated but that of nutrition, by means of contagions and effluvia from the sick. Their action is to arrest still further the processes of nutrition, their victims being the predisposed. *How* this is done precisely is not known in the present status of physiological science, but I have ventured the suggestion in my pathological researches that it is by means of their chemical influence, and not by zymosis; by chemically preventing the recombining of the effete elements in the blood for rapid excretion, and not by setting up a fermentation in the blood, the present hypothesis. For under the present hypothesis, that the contagions act as ferments, you then have to inquire how fermentative action in the blood would produce disease? and you come at last to this answer, viz: by interrupting or impairing nutrition.

Under this view a broader explanation of the law of carbuncles, furuncles, anthraxes, buboes, and other exanthematous phenomena is had, than we see given by Dr. Cartwright in the view he takes of the cause of the tumors in charbon, viz: an effort of nature to throw out the poison of the mushrooms that he thinks caused the constitutional affliction. The broader explanation is, that the effete or waste elements of the system or tissues are uneliminated, and are pervading the blood and all parts of the solids—the real condition and nature of the putrid fevers, with buboes, and charbons, and pretechiæ, etc., and other real cause of the sudden deaths before the eruptions appear.

It has been quaintly said, in croup and acute bronchitis, where respiration has been so cut off that the carbon of the blood could not be eliminated, that the patient dies, "poisoned by his own blood." This illustrates my position. Let the effete elements fail to be eliminated but for a few minutes, as in suffocation from drowning, and the animal, whether man or beast, dies as a matter of course; and dies from the accumulation in the blood of the effete elements of the food and tissues. These elements have to enter into new combinations before they can be eliminated, forming carbonic acid, urea, uric

acid, ammonia, and other salts; and my opinion is, or my theory is, that the contagions and animal poisons produce their effects by hindering the combining, and thus preventing the excretion of the waste matter of animals—supply and waste constitutes nutrition. Interrupt either, and you have disease. Introduce the merest speck of variolus matter into the blood, and the work of impeding the combining of the effete elements begins, and goes on during the period of what is called incubation, until things have come to such a pass that all the organs of nutritive life are crippled, and then you have the symptoms, and finally the skin is covered with pustules, but certainly not for the elimination of the mere speck of foreign virus introduced into the blood, but the dead waste matter of the tissues. The nitrogenous compounds of animal bodies are prone to rapid decomposition, and the waste matter is dead, rapidly tending to putrefaction. Putrid fevers, putrid disease of every kind, plague, yellow fever, spotted fever, erysipelas, black tongue, puerperal fever, and all other forms of disease rapidly tending to death, find their explanation here. It matters not what name is given to this condition, it is only an embarrassment to multiply names.

As *supply* and *waste* constitute nutrition, and an equilibrium of supply and waste of health, and the loss of it disease, it is easy to see what must be the *chemical* and the *anatomical* conditions in disease.

The supply of elements for growth and repair come of the food. Man is said to contain all of the elements of nature in his mysterious organism. They are brought through vegetation. A great variety is the best diet he can have then. The food is digested and the elements go into the circulation. The stimulus of distention to the stomach and bowels and the blood-vessels, and the stimulus of supply of new elements for growth and repair, give vigor or vis vitæ.

The waste or change of matter, or disintegration and elimination of the old elements by the oxygen of the air from respiration, and the co-operation of kidneys, liver, skin, and all the emunctories, is the other scale.

Now, there is one feature in this *scale* to be attentively viewed in order to comprehend the essential nature of disease. It is this: the disintegration must go on, nolens volens, while ever an animal draws its breath. The disintegrated bone, muscle, tooth, tendon, nerve, and all the other tissues, must return as dead matter into the blood-vessels, and continue to do so in disease, till death. The supply of fresh elements from loss of appetite, etc., is necessarily cut off. *Chemically*, then, there is a want of fresh elements and a surplus of effete elements always in the blood in disease. *Anatomically*, as disintegration and emaciation are unavoidable, the solids are left porous, soft, flabby, and weak. This is the certain anatomical condition ever. To cast off and out the effete elements, by *eliminants*, and to furnish the best pharmaceutical and culinary *nutrients*, is the constitutional indication always in treatment. There may be much else to do, locally, mechanically, or otherwise, but this is always the general indication.

New Orleans, Nov. 27th, 1860.

Death by Hanging and Strangulation.

By Ch. F. J. Lehlbach, M. D.
Of Philadelphia.

No. 2.

The reader, who has carefully perused the tabulated, differential, post-mortem appearances, more or less characteristic, of strangulation and hanging, with which we concluded the first paper on the subject, will have been struck, no doubt, with two facts apparent therefrom:

First, That in spite of the great similarity of both modes of death, as far as the *cause* is concerned, there is a remarkable difference in the necroscopic appearances; and

Second, That this difference consists to a great extent in the positiveness and well-marked appearance of the signs of strangulation, while those of hanging are more of a negative, or, to use a better expression, a milder character.

Aside from the fact, that the tabulated appearances given, based as they are upon the best observations, overthrow entirely the current ideas of characteristics *common* to strangulation and hanging; and aside from the fact, that the well-established physiological observations of Dalton show conclusively that the appearances mentioned as *common* to all forms of suffocation, by Dunglison and other authors, do in reality not exist in the two most nearly allied forms of suffocation—hanging and strangulation,—and that they were *premised*, by writers, upon hypothetical views regarding the effect of the stoppage of respiration upon the circulation in the lungs, which views are erroneous; aside from

all this, the table given in our former paper presents a point of remarkable interest.

It is curious that, though strangulation and hanging are both produced in exactly the same manner, only with the exception that in one case the constricting force acts from without, and in the other case is constituted by the weight of the body itself, there should be so remarkable and radical differences in the post-mortem appearances.

Strangulation, with appearances so positive, so characteristic, so marked, so violent, we might say, with the tumified, violet countenance, the protruding tongue, the blood in the nares, the ecchymoses in the face, the bloody froth in the larynx, trachea, and bronchi, the *ruptured air vesicles*, etc., is, in nine hundred and ninety-nine cases out of a thousand, the result of criminal violence of murderous intent. Hanging, on the contrary, with less marked appearances, with the pale, placid face, and scarcely a characteristic sign, except the peculiar trace of the cord around the neck, is in the same proportion the result of suicide or legal execution. Truly, murder will out! It leaves its physiognomy of violence upon the dead.

In this connection it may not be out of place to cite from Tardieu's essay one or two typical cases. One is reported† on page 79, under Observ. XIX.

"*Murder by strangulation, following a complete rape; hanging of the cadaver to simulate suicide.*

"The victim was a girl, fifteen years of age, whose body was found suspended on the 30th of August, 1858. The autopsy demonstrates in the clearest manner that the hanging had been accomplished after death, and for the purpose of hiding the double crime of rape consummated, and assassination committed by strangulation. I shall omit all that relates to the first crime, and refer only to the characteristic signs of strangulation, insisting upon the essential characteristics by the aid of which the expert has been able to distinguish homicide from suicide, and to recognize that the hanging of the cadaver was only a means attempted to hide the crime and escape justice.

"The head presented numerous traces of violence. Under the hairy scalp, around the left eye, on the forehead and cheek, are found large ecchymoses, arising from blows by the fist or by the foot. Blood flowing from the left ear. The brain is slightly punctated, and the veins are gorged with black blood, thick and tarry. The tongue, bitten and bloody, is inserted between the teeth.

"In front of the neck, the skin is marked by two bands, the lower one formed by impressions of the fingers, very near together, almost uninterrupted, and which have bruised, flattened, and as it were tanned the skin. The skin at these points is dry, almost hard, and viewed by transmitted light, presents the appearance of a thin lamina of horn. This lesion is above the substernal depression, and extends nearly over the lateral portions of the neck with such regularity in its curve and such exactness of the impressions, that we can recognize by their greater number on the left, those which have been made with the right hand. Above this first furrow, under the chin, is seen a sort of a depression, a little less extensive, more regular, a bruise of the same nature as the former ones, but continuous, resulting from the pressure of the index finger and thumb of the left hand, forcibly extended around and grasping the anterior portion of the neck. Finally, a little below, and very near the jaw, there is a superficial trace, of a livid redness without alteration of the skin, and obviously produced by the cord which had been placed around the neck, and by which the body had been suspended after death. Behind, there is neither a trace of compression or of a ligature,—nothing which would indicate the circular action of a cord. Larynx and bronchi contain froth. The lungs, which are neither more dense nor more voluminous than in the normal state, present nothing which resembles congestion or infiltration. The contents of the stomach have regurgitated into the œsophagus and up to the air passages."

The report of the preceding case is not by Tardieu, but by Dr. Loraine. The condition of the lungs, as regards rupture of air vesicles, is not noted; indeed we can well excuse this omission and others in a case where the external marks so clearly and unequivocally point out the cause of death.

In another case, however, (Obs. xi. p. 70,) where strangulation was committed upon a woman by the hands, Tardieu, among others, gives the following signs:—In the subcutaneous cellular tissue and the muscles of the neck, blood was found infiltrated and coagulated. The internal face of the larynx and trachea were covered over by a large quantity of very fine bloody froth. The lungs were voluminous, strongly congested, and presenting on their sur-

† Etude médico légale sur la strangulation, etc.

face a large number of emphysematous spots, formed by the union of ruptured pulmonary vesicles, having the aspect of white dots, like pellicles, irregularly disseminated under the pleura.

While strangulation, most always homicidal, leaves its physiognomy of violent death, more or less characteristically, upon the victim, we find in suicidal as well as in judicial hanging an opposite state of things, characteristic of non-criminal death by its very negativeness, as compared with the former.

Whence these differences?

Tardieu does not enter into any physiological explanation whatever; nor does Dalton apply his beautiful observation to the medico-legal questions now under consideration. Guided by both, in the main, and by such facts as have fallen under our own observation, we will endeavor to establish a connection.

Death, in strangulation as well as in hanging, results from stoppage of the respiration. The *differences* observed, therefore, cannot be due to the fact of stoppage of the respiration. Again, in both there is a mechanical, constricting cause, sometimes like a cord, and only differing in the direction in which the constricting force is applied. The want of similarity of the post-mortem appearances, and the differences observed, must hence be due to something beside the constricting cause; and nothing remains to explain them but the *manner* and *mode* in which the constricting cause is made to operate, the *force* with which it is applied, the *rapidity* and *completeness* of its action, and the *continuous* or *intermittent* character of the constriction.

In *suicidal hanging*, it is to be observed, in the first place, the will of the victim co-operates with the mechanical constriction, in excluding the entrance of air into the air-passages. There is no violent struggle to draw a full breath, and the suicide counteracts, as far as possible, the involuntary reflex respiratory movements. Under these circumstances, a full expansion of the chest, even if the constricting force be not very great and only the weight of part of the body act upon it, is impossible. The air which enters by involuntary respiratory movements, during the death-struggle, only enters into the bronchial tubes, and not into the air-cells, distending them.

In *homicidal strangulation*, on the contrary, the efforts of the victim are all in the opposite direction. There is a tremendous struggle for air, and, in the great majority of instances, he succeeds, while the combat lasts, in obtaining spasmodically, at longer or shorter intervals, full supplies of air, expanding the lungs with *tumultuous force*.

Here, then, we have an essential difference. But, beside this, there are anatomical differences which lead to the same end.

In hanging, the muscles of the neck, of the larynx and trachea, are put violently and *continuously* on the stretch with a power corresponding to the whole weight of the body. Let any one simulate this condition of things by stretching and stiffening his neck and throwing it backward as much as possible, and *while in this position* attempt to draw a full breath. It will be utterly impossible, under these circumstances, to expand the lungs to their full extent; but, beside this *continuous* cause of interference with full inspiratory efforts, there is the *continuous* constriction of the trachea itself, diminishing its calibre; and thus any spasmodic, forcible, tumultuous inflation of the lungs, as in strangulation, is rendered absolutely impossible.

Hence this radical difference between death by hanging and death by strangulation: In the one case, *continuous constriction*, sameness of constricting force, and *absolute incapacity*, even by involuntary respiratory efforts, to distend the lungs; in the other case, uninterrupted constriction, intermittence in the intensity of the force, tumultuous and forcible spasmodic expansion of the lungs extending to the air vesicles.

Illustrations of Hospital Practice.

PHILADELPHIA HOSPITAL.

Reported by N. G. Blalock, of N. C.

Service of Dr. D. Hayes Agnew.

SECONDARY SYPHILIS.

Dr. Agnew remarked that on a former occasion he had taken the opportunity to explain and illustrate by numerous cases what was understood by *primary* syphilis; that it consisted in a specific ulcer, essentially local in the first instance, and while so, perfectly under the control of local agents, but with the tendency, if left to itself, or attacked by inefficient remedies to invade the general system and produce a *diathesis*, which, once acquired, will cleave to its victim like the shirt of Nessus. It is to the phenomena resulting from the development of

this diathesis that he would desire to ask attention during the present hour.

Should the chain of morbid sequences not be broken by the interposition of mercury, the accidents which may follow an indurated chancre will be such as involve the cutaneous and mucous tissues of the body, and are ordinarily distinguished by the generic term of *secondaries*.

The infecting element, or constituent of the chancrous pus, may gain access to the constitution either through the veins or lymphatics. The period at which this may take place will differ much in different individuals. It will, under no circumstances, occur earlier than the second or *third* week; or it may be prolonged beyond six months. Perhaps eight weeks may be stated as the average period in which secondary occurrences will become manifest. If an individual has passed fifteen or eighteen months without any evidence of constitutional disorder he may allow his mind to rest at peace.

Symptoms.—Secondary syphilis is usually foreshadowed by a train of well-marked symptoms, such as languor, both of body and mind, attended with great indisposition to exertion. The secretions of the skin become perverted, as manifested by change of complexion. The eye looses its lustre, and the hair becomes stiff, frizzly, and rebellious to all the appliances of the toilet. Unpleasant sensations in the head come on, sometimes a hemicranical, sometimes a supraorbital pain, especially aggravated after retiring to bed; hence called nocturnal pains, and associated with the recumbent posture of the body. The appetite fails; the system becomes, perhaps, feverish; the glands about the mastoid portion of the temporal bone enlarge; the red corpuscles of the blood diminish; the patient becomes anæmic; palpitation of the heart ensues; giddiness of the head, and perhaps œdema.

The interpretation of such a train of symptoms cannot be very difficult. The system is endeavoring to eliminate the poison from the blood by the two great emunctories, the skin and mucous membranes. In some of its aspects the whole process resembles the precursory phenomena of small pox or rubeola. Sometimes the affection of the mucous structures takes the precedence; sometimes the skin. If the former, it will be most likely the fauces and post-palatine region of the throat indicated by some irritation, hoarseness, and uneasiness in swallowing. The nature of the eruptions in their anatomical character is such, that they may all be placed under the ordinary classification of cutaneous disease from other causes. Thus the type of the external manifestation may be erythematous, papular, vesicular, pustular, squamous, or tubercular. That there is some practical value in the distinction admits of no doubt. It is believed that the pustular class exists for the most part in bad constitutions, and renders the patient less able to tolerate such remedies as exert a marked antiplastic influence upon the blood. Cases were now introduced to the class illustrative of the different varieties of *syphilides*. In determining whether such originate from a venereal source, careful inquiry will generally satisfy the practitioner's mind. In making up a judgment, however, where the information may be obscure, the characteristic copper color, and the absence of itchiness in the eruption, especially the latter, ought to exert much weight in deciding in favor of syphilitic contamination.

Next in frequency to these accidents, already explained, come inflammation of the *iris*, disorder of the nails, such as *onychia*, and falling of the hair. A case of each was introduced. The doctor remarked that the disease of the iris was indicated by change of color, loss of the natural striæ, intolerance of light, contraction of the pupil, (without, however, any particular shape of the latter peculiar to this disease, as has been alleged by some German ophthalmic surgeons;) pain over the brow, and finally, if unchecked, closure of the pupil by plastic exudation. The progress of iritis is less rapid, and the pain less severe from syphilis, than other causes.

Treatment.—This divides itself into that appropriate to the developing, and the established stages.

That appropriate to the first, or period of development, will be such as will aid the system in the external establishment of the disease. To this end the patient should be enjoined perfect quietude of both body and mind; his bowels gently opened, the cutaneous determinations favored by diaphoretics, such as the neutral mixture; rest by Dover's powder, and an unirritating diet. Should he be feeble, with a lack of that vital force necessary for elimination, wine whey, with carbonate of ammonia, may be given. After the disease has established itself on the skin or mucous membranes, we may look to the general health of the patient, and if not tolerably good, set about its improvement by exhibiting the mineral acids. The nitro-muriatic acid, especially, will be found to produce good effects. Whenever the recuperative energies of the body are so far established as to admit of the use of remedies, having for their object more directly the removal of the secondary results of contamination, we have at command two or three remedies capable of exercising a very marked control over the disease. The first is mercury, which, in scaly eruptions, and if the patient possesses good general health, may be exhibited with great confidence; never to the extent of salivation, but only with a view to its mildest constitutional influence. Let it be given in small doses, not exceeding ½ gr. of the proto-chloride, or two grs. of the mass. hydrarg. two or three times daily, until some little tenderness of the gums is experienced. Should it tend to act upon the bowels it must be restrained by the addition of a little opium. Should the constitution be much impaired, and

the eruptions be of a pustular character, we will find a better remedy in the iodide of potassium, either with or without mercury. If alone, the dose should be from 5 to 25 grs. two or three times daily, pretty largely diluted either with water, or, what is better, a good syrup. Should the mercury be added, let it be the bichloride, and in doses not exceeding 1-16—1-12 of a grain. Throughout the whole treatment it will be found advantageous to administer chalybeates in some form or other.

Local Management.—If the throat becomes inflamed, apply a solution of the argent. nitras, 10 to 20 grs. to the ounce of water. Should it ulcerate, use, by means of a camel's hair brush, dilute nitric acid. To the squamous eruptions, alkaline ointments or washes, to get rid of the scales, and then alterative ointments, such as contain sulphur and iodine, or calomel and acetate of lead—though all such must be regarded as subordinate to general treatment. To such eruptions as are followed by ulcerations, over which collect thick crusts, applications of cod liver oil or nitric acid will be attended with good effects.

Syphilitic Iritis.—Mercury, either with or without the iodide of potassium, in such cases exercises the best control. At the same time the brow may be frequently bathed to relieve pain, tinct. of iodine painted over the lids, and Dover's powder, to procure rest.

WILLS HOSPITAL.

Service of Dr. Hewson.

Reported by H. Earnest Goodman, M. D., Resident Physician.

A SUMMARY OF CASES OF DISEASED EYELIDS TREATED DURING OCTOBER AND NOVEMBER, AND AN IMPROVED METHOD OF OPERATING FOR ENTROPIUM.

Whole No. cases treated for diseased lids,	93
Granular lids, - - - - - -	26
" " and vascular cornea, -	12
" " and opacity of cornea, -	6
Tarsal ophthalmia, - - - -	21
Trichiasis, - - - - -	8
Entropion, - - - - -	4
Hordiolum, - - - - -	3
Wounds of lids, - - - - - -	4
Ptosis, - - - - - -	1
Cystic tumor of eyelid, - - -	2
No. of cases of opacities of cornea resulting from granular lids, - - -	12
" " vascular " "	10
" " entropion " "	5

GRANULAR LIDS.

The disease termed granular lids, granular conjunctiva, or hypertrophy of the conjunctival villi, is one of the most common and decidedly the most trying affection of the eye that the surgeon is called upon to treat. I find by looking over the register that almost a third of all the cases treated in Wills Hospital have been granular lids or their results. During the last two months there were about 300 applications for relief, and by consulting the above table, 91 of those will be found to have been cases with diseased eyelids.

ENTROPION.

Entropion (or turning in of the edge of the eyelids) and trichiasis, (the inversion of the eyelashes,) the result of granular lids are of a very serious character; they occasion great distress to the patient, and often result in total blindness by their irritation to the eyeball. These affections have heretofore been difficult to remedy, at least without serious disfigurement of the patient. When they result from by-gone granular lids, (for they can be produced by other causes,) it is in consequence of an alteration and shrinking of the palpebral conjunctiva, and in such cases on inspection of the inner surface of the lid, a scar or a line of what appears to be cicatricial tissue will be found extending more or less across this surface near its ciliary margin, and on still closer examination there will be found a fixed incurvation of the cartilage.

Now, it is owing to these circumstances that Saunders' operation of total ablation of the edge of the lid with all the ciliæ, and the still more popular operation of the removal of an oval piece of the integument and orbicularis muscle so generally fail of success. They do not remove the cause of the inversion, which is the contraction of the conjunctiva and curling of the cartilage. To effectually remedy these, Mr. Streatfeild, of the Royal Ophthalmic Hospital, Moorsfield, London, has resorted to the removal of a wedge or V shaped piece along the edge of the lids, so as to form a deep grove in the fibro-cartilage over where it is curved;—which, on cicatrizing, will effectually rectify the position of the edge of the lid. The following cases in which this operation has been performed by Dr. H. explain its details and results.

ENTROPION OF BOTH UPPER AND OF THE RIGHT LOWER EYELID.

Case 1.—Mary O'D. had sore eyes three and a half years ago, which left her with granular lids, vascular cornea, and slight trichiasis, for which she was treated by myself in the Blockley Hospital, 18 months ago.

When admitted in Wills, Oct. 30th, she had entropion of both upper and of the right lower lid, to such an extent as to render her helpless as far as obtaining a livelihood was concerned.

Her cornea were vascular, there was an opacity in the right just over the sight, and in the left towards the outer edge; the lids were very much thickened, and upon everting them, a cicatrix was seen extending along the conjunctiva of both, near the ciliary margin.

Nov. 7th. After the patient was fully etherized, Dr. Hewson performed on the upper lid this operation of Mr. Streatfeild. It consisted in first applying Desmarres' forceps to steady the lid and prevent hemorrhage during the operation, and then making, with a small scalpel, two parallel incisions almost from one canthus to the other along the tarsal border of eyelid—the first about a line from the cilia, and the two a line apart from each other, joining, however, at their terminations. The tissue between these parallel incisions was then removed, and the tarsal cartilages fully exposed. The next step of the operation was to groove this cartilage; and this was accomplished by making two incisions along the outer surface of the cartilage where the convexity was greatest, and dissecting therefrom a wedge-shaped piece of its substance. No stitches were applied; the wound was allowed to close and heal by granulation.

The same operation was performed on the other lid, but not to the extent across the lid, as the entropion did not seem so general.

Nov. 8th. Instead of union by granulation, as was wished, union by first intention has already taken place. Dr. Hewson broke up this union by passing a probe through the tender cicatrix.

Nov. 11th. Union has taken place, the operation on the right lid has been quite successful, the edge of the eyelid being well everted; that, however, on the left, has not done so well on account of the incisions not having been carried far enough to the outer canthus. There is still some inversion at this point.

This was remedied by another operation, (Nov. 28th,) and at the same time one was performed on the right lower lid. Since the above operations, the opacity and vascularity of cornea are wearing away, and the patient was discharged entirely relieved, Dec. 15th, 1860.

Case 2.—Mary M. has had entropion, very badly, of the left upper lid for several months, following an attack of catarrhal ophthalmia. Dr. Hewson operated by the same method, Nov. 14th, but found it necessary in consequence of the great extent of the disease to repeat the operation Nov. 28th, with the effect of producing finally a perfect cure.

Case 3.—Mrs. J. had entropion of right lower lid for almost a year, following sore eyes. (Lids still granular.) Dr. Hewson performed Streatfeild's operation on her Nov. 8th. Nov. 10th, she returned to the clinic with wound entirely healed, lid everted, and in every respect a good cure.

UNIVERSITY OF PENNSYLVANIA.

SURGICAL DEPARTMENT.

Service of Prof. Henry H. Smith.

Reported by J. J. Woodward, M. D.

SEVEN CASES OF TELANGIECTASIS, OR VASCULAR TUMORS.

It is not the intention of the reporter to furnish full accounts of the surgical clinics of the University of Pennsylvania. Occurring biweekly, and presenting on each occasion a large number of cases and operations, such reports would exceed the limits to which the other objects of the journal must necessarily restrict them. It is, therefore, only proposed to give the details of such illustrations of diseased action as may, from any reason, appear of general interest, with so much of the clinical remarks of Prof. Smith as may serve to illustrate points of pathology or of treatment. For obvious reasons, these cases will not be arranged chronologically, but, from time to time, those of a similar character will be grouped together.

The first subject from these clinics, to which allusion will be made, is that of *vascular tumors* or *nævi*, several examples of which have been presented during the past six weeks. From the remarks made by Prof. Smith, in connection with these cases, the following account of the pathology and treatment of this disorder is condensed.

The vascular tumors thus alluded to are mainly due to a dilation of the capillary blood-vessels of the part affected, and have been variously named, as *nævi*, *telangiectasis*, *aneurism by anastomosis*, *vascular tumors*, *erectile tumors*, etc. They are most frequently seen in connection with the skin or subjacent areolar tissue; but they are also occasionally met with in connection with the mucous membranes, especially of the alimentary canal, and more rarely in the parenchyma of various organs. Studying them surgically, we are chiefly concerned in their development upon the surface of the body. These growths may here be limited to the skin, or may involve the deeper-seated tissues, and especially the subcutaneous connective tissue.

When limited to the skin, they constitute the various spots or blotches described popularly as *strawberry* or *raspberry marks*, *mother's mark*, etc., to which the term nævus or nævus maternus more properly belongs. Nævus presents itself in smooth or slightly-roughened patches, which are not at all or only slightly elevated, of variable shape and size, and pinkish, reddish, cherry red, or purplish in color. Occasionally this morbid texture is the seat of an abundant pigment deposit, and then constitutes one of the forms of "*pigmentary moles*," presenting a yellowish or reddish brown, or brown color, and being often the seat of a luxuriant growth of

hair, as seen in the case of a little girl presented at the University during the session of 1859–'60, the whole upper half of whose left cheek was the seat of such a formation.

When the disease attacks the subcutaneous tissue, it generally presents itself in the form of *tumors* of variable shape and size, of a roundish form, and smooth or lobular surface, occasionally pulsating, when, according to John Bell, they are chiefly formed of a dilatation of the small arteries, and are then called by him "aneurism by anastomosis." The skin covering the tumor is generally involved, and presents all the characteristics observable in the disease when limited to that texture, but occasionally the skin is healthy and presents its usual appearance.

When the child cries, strains, or makes violent exertion, these tumors swell up and become livid; at other times they undergo considerable diminution in size, and have hence been called erectile tumors by Dupuytren, though they present no real analogy to the proper erectile tissues. These growths are generally congenital, or at least make their appearance soon after birth, and occasionally remain stationary in size during life, though frequently they enlarge with considerable rapidity, and thus ultimately prove dangerous to life by rupturing and giving rise to serious hemorrhage or create marked deformity.

Treatment.—Where a true nævus is confined to the skin—where the discolored marks are small, not extremely unsightly and not increasing in size—little or no treatment is desirable, or they may be painted over with collodion, the contraction of which tends to obliterate the vessels. On the other hand, when the extent and situation of the disease, as where it involves the whole side of the face are such as to preclude the possibility of success, the ligature of a main artery (as the case cited) has been resorted to without, however, much benefit. But, in ordinary cases, where the growth progresses, and especially where the subcutaneous tissue is involved, other plans of treatment may be resorted to. Of these Prof. Smith prefers *extirpation* of the *growths* by the knife. The *ligature* needles and other means of strangulation have been preferred by some; but all these are slow, painful, create an offensive sloughing mass, and are apt not to remove the whole growth.

Caustics have also been employed; but, beside being painful, they give rise to troublesome inflammation and sometimes to hemorrhage, especially where, from any cause, the superficial parts of the growth only are destroyed, the separation of the slough exposing the enlarged vessels of the substance of the tumor. *Vaccination* has also been recommended, especially where the formation is of moderate size, but it is uncertain and apt to fail. The danger of hemorrhage has been urged as the chief objection to extirpation of these tumors by the knife: but even where the growth is of considerable size—say that of a hen's egg—there is no real danger, if the incisions are kept *outside* of the boundary of the morbid growth, as these structures are usually supplied only by ONE or, at most, two or three trunks, and these, if necessary, may be ligated when divided, as is daily done by surgeons in the removal of other tumors. The main recommendation of extirpation is the promptness of the cure and the small cicatrix.

Case 1.—M. L——, a young, unmarried woman, 22 years of age, of good general health, presented a purple, vascular tumor, about the size of a cherry, on the left side of the lower lip. It had been growing *two* years, and had once been removed by transfixing it with pins and strangulation, but had subsequently recurred.

This tumor was removed by Prof. Smith, October 20, 1860, by a V shaped incision, the edges being subsequently brought together by two hare-lip pins.

The pins were removed October 27th, when good union was found to have taken place.

Case 2.—A——, a healthy young man, about 25 years of age, presented an erectile tumor, conical in shape and bluish, purple in color, on the forearm, just below the bend of the elbow, about the size of a marble, which had been growing for over a year. Its cause was unknown.

Prof. Smith removed this growth, October 24, 1860, by two elliptical incisions, bringing the edges together by the stitches of the lead suture. These were removed on the third day, and the wound healed readily.

Case 3.—Mrs. D——, a German woman, 36 years of age, of delicate frame, but not sickly, presented a purple, erectile tumor on the margin of the lower lip. It had been growing about three years, and had attained the size of a hazelnut.

It was removed November 7, 1860, by Prof. Smith, by a V shaped incision, which was brought together by two hare-lip pins and one stitch of the silver suture. These were removed on the third day, and the patient was promptly cured.

In each of the above cases, it will be perceived the disease originated after adult age was attained; generally, however, these growths are congenital, or originate soon after birth, as is illustrated by the following cases:—

Case 4.—M—— C——, a female infant, about a year old, had a small, vascular tumor on the medium line of the head, just in advance of the anterior fontanelle. It was about the size of a chestnut, and lately had been rapidly enlarging. It had been first noticed when the child

was three weeks old. When the child strained or cried, it swelled up to nearly double its usual size, and was apparently a true aneurism by anastomosis. This growth was extirpated by Prof. Smith, by two elliptical incisions, October 27, 1860. The edges were approximated by a simple stitch of the silver suture. He stated that he had not found metallic sutures in the scalp to be objectionable or irritating like those of silk. Three days after this was removed, the wound was found nearly healed; the child made a complete recovery.

Case 5.—M—— E——, a female infant, three months old, presented a small, vascular tumor on the left side of the forehead, about an inch and a half from the eyebrow. It was irregularly oblong in shape, about three-quarters of an inch long by a half broad, of a cherry-red color, and was seated chiefly in the substance of the skin, though it involved the subcutaneous tissues to some extent. It had been noticed immediately after birth, when it was of the size and appearance of a flea-bite.

Prof. Smith removed this growth, by two elliptical incisions, October 27, 1860. The wound was closed with a stitch of the silver suture, which was removed the third day, and the child recovered completely without accident.

Case 6.—M—— B——, a girl, five years of age, had a vascular tumor on the right side of the upper lip, of the size of an *English walnut*. It involved the mucous membrane and submucous tissue from the free margin of the lip to its attachment to the superior maxillary bone; the skin covering it, however, was healthy. It was first noticed immediately after birth, and had been quite small until a few months before the child was brought to the University, when it began to enlarge, and was still increasing in size at the time of the operation. The mucous membrane covering the tumor was of a bluish-purple color, and the growth swelled up and became livid during efforts of any kind.

The tumor was removed by Prof. Smith, November 10, 1860, by a V shaped incision through the whole thickness of the lip after dissecting the latter from the gum. The edges of the wound were approximated by two hare-lip pins and a stitch of the silver suture; these being removed on the third day and the child cured in seven days from the time of the operation.

Case 7.—An infant, six months old, had a vascular growth at the root of the nose. It was of a bright-red color, limited to the skin, and rapidly enlarging. It was first noticed immediately after birth as a spot not larger than a flea-bite; it had become already more than half an inch in diameter. It was also extirpated by Prof. Smith in the usual way, November 28, 1860, and at the date of writing the wound has nearly healed.

To the above remarks and cases, the Reporter would append an account of the microscopal anatomy of these growths. They were composed as a rule, altogether of blood-vessels, between which (and holding them together) was a moderate quantity of connecting tissue, the corpuscles of which were often enlarged to spindle-shaped cells of some size, while the matrix was but dimly fibrillated, so that the whole resembled closely the immature connective tissue of the embryo. The blood-vessels were not merely included capillaries, but innumerable minute arteries and veins, recognizable by the anatomy of their coats, which can be distinctly seen in sections and specimens, prepared by tearing with needles, especially after the addition of acetic acid. These vessels usually presented no peculiarities by which they could be distinguished from normal vessels. How far they represent the dilatation of pre-existent vessels, or how far a portion of them may be due to new formation, is not definitively settled.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Service of Dr. Gross.

ONYCHIA MALIGNA.

Mary A., five years of age, was admitted to the clinic on account of an affection of the end of the third finger of the left hand. The patient is delicate looking, and bears decided marks of the strumous diathesis. The extremity of the affected member is inflamed, of a livid red color, tender, and greatly increased in size. From the swelled condition of its end, the finger has a peculiar bulbous or clubbed appearance, and seems to be preter-naturally long. Nail of the fingers entirely destroyed; the denuded matrix presents an ulcerating, red, and uneven surface, from which an offensive, ichorous matter is discharged; the skin around the ulcer is discolored and indurated. The patient does not seem to suffer much from pain, and enjoys perfect rest at night.

This case presents a form of onyxitis, or inflammation of the matrix of the nail, known by the name of *onychia maligna*. The disease which was, for the first time, accurately described by Wardrop, commences at the root or side of the nail, with a small circumscribed swelling of an inflammatory character, which, by-and-by, becomes the seat of ulceration; an irritating icharous fluid is discharged from between the root of the nail and the skin; the nail becomes soft, yellowish, or black and dry, is gradually detached by ulcerative action, and finally drops off; the surrounding parts become

more or less seriously involved, and, if the disease is not arrested in time, it may ultimately destroy the bone, and even render amputation of the affected member necessary. The disease is slow in its course and very obstinate, persisting often, in spite of careful treatment, for several months. It is not really malignant, as might be implied from its name, but merely intractable. It is generally associated with a strumous condition of the system. In the majority of cases it comes on spontaneously, but is occasionally caused by external injury, such as a puncture or a bruise. It has no disposition to attack two fingers at once, or to spread from one finger to another. The parts most liable to the disease are the thumb, the index finger, and the great toe.

In treating this disease, our attention must be first directed to the general health, and the secretions, which are, in most cases, materially deranged. In the present case, the patient having been under treatment for some time, the bowels were regulated by mild purgatives, and a proper diet was enjoined. The tongue of the patient is clean and her appetite is good. For the cure of the disease, Wardrop recommends the administration of mercurials; slight mercurialization should be produced and persisted in. The use of tonics greatly expedites the cure; and if the patient suffers pain, an opiate may be given at bed-time. Of all the different mercurial preparations, Professor Gross prefers, in cases of this kind, the corrosive sublimate. In the present case he prescribed,

Corrosive sublimate, gr. 1-30.
Huxham's tincture of bark, ʒi.

And on account of its anti-strumous properties, he added

Solution of chloride of barium, gtt. j.

to be taken three times a day.

The local treatment consists in keeping the part clean by frequent ablution with warm water and soap, and in covering it with scraped lint, wet with a weak solution of permanganate of potassa, or Labarraque's solution, to correct the fetor. If the parts are much inflamed, an emollient poultice will be the best application. Great advantage may occasionally be derived from fomentations with lime-water, containing a small quantity of corrosive sublimate and opium, or from cauterizing the parts with nitrate acid, nitric of silver, etc. Sometimes the application of leeches, or of diluted tincture of iodine may be of service. The affected nail should be carefully pared away; and, if it is mortified, should be pulled or dissected out, the patient having been put under the influence of chloroform. If the sore assumes a healthy appearance, granulations should be favored by the application of opiate cerate. Amputation of the finger is justified only by every extensive destruction of the phalangeal bones, and should never be performed merely on account of the obstinacy of the disease, as it commonly will yield to proper treatment, if patiently persisted in. If the last phalanx is affected, the loose bone should be carefully pricked away. The patient may get well with a deformed, but still a useful member. Should, however, the deformity, left by the disease, be so great as to interfere with the comfort of the patient, the removal of the part may become necessary.

ENORMOUS ENLARGEMENT OF THE LYMPHATIC GLANDS OF THE THORAX AND AXILLA—EXTIRPATION.

Jane G., 27 years of age, a widow, presented herself at the clinic, on account of a large tumor on the left side of the thorax. The patient's general health seems to be but little disturbed. The swelling has existed for eight months, and is occasionally the seat of sharp pain. It occupies the thoracic region, extending along and underneath the lower border of the pectoral muscle into the axilla. It is somewhat tender to the touch, feels nodulated, and consists evidently of enlarged lymphatic glands. The skin covering the tumor is natural. The disease does not involve the mammary gland. The tumor may be of carcinomatous, or of strumous character, although scrofulous enlargement of the lymphatic glands in this portion of the body is of rare occurrence. The swelling having existed for so long a time, and having acquired so large a size, the use of sorbefacients, and the administration of antiscrofulous remedies would be of no avail. The only remedy is extirpation.

The patient having been put under the influence of chloroform, an incision was made through the skin and superficial fascia, extending from below the axilla, along the lower border of the pectoral muscle, downward, and slightly inward to a point on a level with the nipple. As the diseased structure was partly constituted by the axillary glands, and was, therefore, in contact with large vessels and nerves, the use of the knife had to be dispensed with, as being dangerous, and the tumor was dissected out by the aid of the fingers alone. A large number of glands were thus removed, some of which were enormously enlarged, having attained the size of a pullet's egg. On examination they were found to be infiltrated with tubercular matter, which, in some of them had commenced to break down, and to form abscesses, resembling in their nature those found in the lung in pulmonary phthisis.

The wound resulting from the operation was of considerable depth, a large cavity having been formed by the removal of the affected glands. The axillary artery and veins were exposed by the dissection, and a large part of the lower border of the pectoral muscle was laid

bare. The hæmorrhage resulting from the operation was inconsiderable, only, a small branch of the axillary artery requiring ligation. The wound was united by silver wire sutures, and a proper dressing and bandage applied to keep the parts in apposition.

REMARKS ON THE ADMINISTRATION OF CHLOROFORM.

Whilst the patient was prepared for the operation, Professor Gross took the opportunity of making some remarks on the inhalation of chloroform. In spite of the comparatively great number of accidents on record, which have been ascribed to the use of chloroform, he does not consider it a dangerous agent, provided it is used with proper caution. In the great majority of fatal cases, death is not owing so much to the dangerous influence of chloroform, as to the circumstances attending its application. The use of the anæsthetic was either contra-indicated by disease of the lungs, heart, brain, etc., or an impure article was used, or, if pure, it was improperly applied. Professor Gross has used chloroform for more than ten years without ever having seen any serious accident resulting from it. He prefers it to ether, as the anæsthetic influence is more rapidly produced, and more easily maintained by it, as it causes less bronchial irritation, and is less liable to produce vomiting or other unpleasant effects. In order to use chloroform with impunity it is indispensable to observe the following rules: 1. The patient's stomach should be empty. 2. The patient should be kept in the recumbent posture. 3. There should be no constriction of the chest and abdomen from clothes. 4. An abundance of fresh air should be allowed to admix with the chloroform. 5. The inhalatiou should be effected gradually. And, 6. Care should be taken that the article used is perfectly pure.

NEW YORK HOSPITAL AND CLINICAL REPORTS.

THREE CASES OF PUERPERAL FEVER TREATED WITH VERATRUM VIRIDE AND OPIUM—RECOVERY—REMARKS.

Dr. BARKER showed to his class, at BELLEVUE HOSPITAL, three convalescing cases of puerperal fever, all treated principally by veratrum viride and Magendie's solution of opium.

In each, the lochial discharge and function of lactation had continued in the normal condition, and intelligence was perfect. Writers, he remarked, had stated that a characteristic feature of severe cases of this disease was an arrest of these functions. Neither their continuance nor cessation, taken alone, ought, he said, to modify our prognosis. In conjunction with other symptoms, however, they might give us some information. His experience went to show that, in the most fatal cases, these functions remained undisturbed.

In one of these three cases, there being present much congestion, a red and injected condition of the conjunctivæ, and considerable cerebral disturbance, a full cathartic of calomel was administered, as an initiatory measure, followed by castor oil. The object of this measure was two-fold: relief from the determination of blood to the head, and elimination, to a certain extent, of poisonous matter from the blood. It was rare, he said, for us to see a case early enough to authorize us in attempting elimination through the various emunctories. Rare, very rare, were the cases in which we were authorized in attempting to achieve this by means of blood-letting. The cathartic in this case had acted very favorably; the case was now under the same treatment as the other two, and progressing equally well, notwithstanding the prognosis had been at first more unfavorable.

There was a direct and intimate connection between this disease and true erysipelas. The materies morbi of the latter would undoubtedly give rise to the former. There was some truth in the saying of Trousseau, that puerperal fever sometimes attacked new-born children. He instanced a case on which the disease was communicated to the mother, through the physician, by the contagion of erysipelas; mother and child both perished; the child presenting the same pathological lesions as the mother.

There had been a great deal of discussion as to the essential nature of this disease. In one epidemic it would be thought to consist in special inflammation of the organs directly connected with parturition. In another, essentially in lesions of the broad ligaments, veins, and absorbents. Again, during one in which all these lesions were absent entirely, it would be thought simply peritonitis.

None of these doctrines were correct. It was a specific disease of the blood, sui generis, eminently communicable from one person to another, of which latter fact there was evidence as conclusive in medical science as of the communicability of variola.

One of the most influential and brilliant obstetricians in the country, Dr. Meigs, of Philadelphia, had published a work on "Child-bed Fever," which had done a great deal of harm. Dr. Meigs believed the disease to be always and essentially inflammatory; that it was not contagious, not communicable from physician or nurse to the patient, and that the true treatment was that calculated for the subdual of inflammations generally.

This was a doctrine fundamentally false. It was a zymotic disease, having special manifestations, but constitutional in its origin; just as

diphtheria was a constitutional disease, with an election as to its local manifestations.

In what consisted the toxæmic condition, we did not know. The point to which medical science had reached, was not far enough advanced to enable us to discover. Neither the microscope nor analytical chemistry could tell us, any more than they could, in what consisted the difference between benign, laudable pus, and that of the variolous eruption. We could only judge of the poison by its effects.

The disease was produced by the contagion of erysipelas, by the products of putrescent decomposition, and in some cases by the unknown and unappreciable (except by its effects) entity, which we call epidemic influence.

It was of the utmost importance that the matter of its contagiousness should be fully understood by medical men, that they might appreciate the fearful responsibility resting upon them. Moreover, it was sometimes the ruin of a physician to be thrown into an epidemic of puerperal fever, especially if not thoroughly acquainted with its nature in reference to this point.

Puerperal fever, though always presenting sufficiently characteristic features, varied in many of its manifestations in the same epidemic in different localities, and in different epidemics in the same locality. It sometimes overwhelmed the vital forces so completely and rapidly as to produce death within a few hours after its onset. All the autopsical lesions described, of the veins, absorbents, peritoneum, uterus, broad ligaments, etc., were the results of the disease—not the disease itself. In one epidemic we found one set of lesions; in another, a different set. We frequently found lesions of organs not at all connected with the processes of gestation or parturition. During one epidemic in Paris, all the cases presented lesions of the peritoneum. In another, the parts chiefly affected were the serous membranes of the chest—pleura and pericardium. In one epidemic in our own country, either the serous membranes of the chest, or the mucous membranes of the abdomen, were chiefly affected.

Ordinary peritonitis was generally connected with intense pain, tympanitis, and constipation. In puerperal peritonitis, tympanitis was often present, but there was usually no pain.

In true peritonitis we found arterial injection on the surface of the diseased membrane, followed by exudation of true, coagulable lymph, forming bands of adhesion, etc. In puerperal peritonitis the injection was venous, instead of arterial; instead of presenting a bright scarlet color, the membrane was of a livid hue, and in place of healthy, circumscribing lymph, we found sero-purulent or sanguineo-purulent flaky masses, creamy, offensive, and broken down, with no attempt at limitation of the inflammatory process.

The more severe the attack, and short the course of the disease, the fewer were the pathological appearances found. This certainly would not be the case were the disease essentially an inflammation. In that case, the more violent the attack, and short the course, the greater would be the lesions. This he considered one great argument against the doctrine of the essentially inflammatory nature of the disease.

As to the treatment, if we accepted the doctrine of Meigs and his disciples, we must adopt his method—viz: practice venesection to a great extent, and pursue antiphlogistic measures throughout. We would find, however, that a large proportion of our cases would not tolerate any depression of the vital forces.

The first indication was, in pursuance of the proper plan, to eliminate as far as possible the materies morbi which had given rise to the toxæmic condition. It acted so rapidly, however, and at first so insidiously, that we seldom had an opportunity to attempt this in the ordinary way. In the vast majority of cases, when we were called in, the time proper for such an attempt had passed by—the vital powers had become too greatly depressed. He had seen in some cases venesection employed with benefit. In these cases, a certain quantity of blood had been abstracted, not with a view to depress the vital powers, but to eliminate the poison in a corresponding ratio. The cases in which venesection was admissible were rare. He had not given a cathartic even, in the hospital, in more than two or three cases. In one of the cases he had just exhibited, with flushed face, sharp, hard pulse, etc., he had given one, with the effect of diminishing the irritation and shock to the system, and partially eliminating the materies morbi.

A characteristic feature of the disease was extreme rapidity of the pulse. The pulse, in this disease, was a most important index as to treatment, prognosis, effect which had been produced upon the constitution, etc. The exhaustion of vital force and calorificient material was going on very rapidly, as evinced by the frequent pulse and quickened respiration. The article which controlled arterial action better than any other, and with less shock and irritation, was verat. viride. Next came aconite, digitalis, and tartar emetic. The latter, however, was seldom admissible. Verat. viride had this advantage also over the others—that it was not incompatible with, nor antagonistic to, stimulation. We were often obliged to push the verat. viride as far as possible, and at the same time to stimulate very freely. If we were to pursue the same method with aconite or digitalis, we would often produce a great deal of distress. We must be very careful not to consider the patient out of danger too soon. The patient was not safe until the pulse had been brought down, and kept under 80 for some days by the article. After some experience in its use, we could recognize the pulse controlled by it, immediately upon placing the fingers on the

wrist. There was never any sharp, hard, bounding sensation communicated by it.

Another precious and almost indispensable remedy was opium. He was in the habit of giving it in the form of Magendie's solution. It was curious how great a quantity of this drug was tolerated in puerperal fever. It was exhibited with incalculable benefit, in quantities sufficient to overwhelm the cerebro-spinal system in a normal condition of things. The credit of the introduction of opium into use, in these cases, was due to Dr. Clark.

Another very important element in the treatment, already alluded to incidentally, was stimulation—free stimulation—especially by alcohol, to prevent, as far as possible, too great waste of tissue. This was particularly important in the latter stages of the disease. Nutritious and stimulating diet should likewise be employed.

To sum up:—

(1.) An attempt should be made, in the early stages, at elimination of the materies morbi, if the case were such as to admit of it; this condition rarely obtaining.

(2.) Veratrum viride should be employed to control vascular action.

(3.) Opium should be exhibited in quantities as large as could be borne.

(4.) The system should be supported by free stimulation, especially in the latter stages. This, though placed last in order, was probably, all things considered, the most important indication of all.

In case of an anticipated epidemic of the disease, Dr. Barker said he was in the habit of giving quinine as a prophylactic. C.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

[Reported by Wm. B. Atkinson, M. D., Recording Secretary.]

WEDNESDAY EVENING, Nov. 14.

DR. REMINGTON, President, in the Chair.

THE TENDENCIES OF THE PRESENT DAY IN REGARD TO THE DOCTRINE OF DEBILITY AND THE TREATMENT OF DISEASE BY STIMULANTS.

Dr. CONDIE remarked, that the gentleman who opened the debate on the present occasion, had presented for consideration two distinct propositions. The first of these was embraced in the question: Are bloodletting and the other depletory remedies necessary in the treatment of acute inflammations, and in fevers of an inflammatory type? or are stimulating and tonic remedies better adapted to shorten the duration of such diseases, and conduct them to a favorable termination? Dr. Condie was not disposed to endorse the pathological and therapeutical heresies recently promulgated by Todd and Bennet of England, and one or two distinguished physicians of Continental Europe. It is very certain, he remarked, that bloodletting, in common with almost every other active remedy, has been grievously abused, still he had learned from a somewhat extended clinical experience of over forty years, that depletion, especially by the lancet, leeches, or cups, constituted an important, in fact, the chief remedy, in the early stage of nearly every acute inflammatory disease and open febrile affection, when occurring, especially in young robust and plethoric subjects, or in those the tone of whose constitutions had not been impaired by bad living, confinement, impure air, or previous disease. Circumstances may even be present in diseases occurring in individuals of comparatively feeble habits, or of which the symptoms imply the presence rather of nervous irritability and exhaustion than a morbid condition of asthenic or of an inflammatory character, that render a resort to local bleeding by cups or leeches, or perhaps even from the arm proper, and in which it will often be found productive of prompt and very decided benefit.

Dr. Condie felt very certain that bloodletting had been far too much neglected of late years, much more in compliance, however, he suspected, with the popular prejudice which had been excited against it, than in consequence of any very decided change in the pathological opinions entertained by physicians in respect to inflammation and inflammatory fevers. This neglect of an important and most efficient remedy had, he believed, tended greatly to the disadvantage of the sick, prolonging the duration of their attacks of disease, and if not endangering the entailment of permanent injury on important organs, impairing, at least, for a long period, the vigor of their constitutions and their power of resisting the morbific influences to which they may be subsequently exposed.

Dr. Condie was noways opposed to bloodletting when indicated. Properly timed and judiciously managed, he ranked it among our safest and most efficient remedies. He had been accused by some of his contemporaries of an undue fondness for it. He had, on several occasions, horrified the feelings of some gentlemen by his advocacy of bloodletting, local or general, or both, in acute membranous croup, in certain forms of scarlatina, of rheumatism, and dysentery. He had been induced even to bleed and apply cups in cases of cholera, and he is persuaded with a decidedly good effect; to apply cups to the chest for the relief of the symptoms of pulmonary disease, so often met with in cases of typhoid fever, he had certainly had no cause to regret his practice in this respect; he felt very positive that by it he had succeeded in greatly relieving the sufferings of his patients, while, at the same time, he had shortened their diseases, and aided very materially in conducting them to a favorable conclusion.

Deprecating, as he did, the employment of positive stimulants and tonics in the early stage of inflammations and of all fevers of a sthenic character, he was not prepared, however, to admit that bloodletting and the other remedies embraced in what has been denominated the antiphlogistic plan of treatment, were to be considered as the only ones adapted to these diseases, throughout all their stages. Dr. C. believed that no inconsiderable amount of injury had been committed by physicians, acting under the supposition that so long as an inflammatory disease lasted, so long was the employment of depleting and other depressing remedies to be persisted in. By their following out strictly in the phlegmasiac generally, the treatment ordinarily prescribed by the late Dr. Physick, in cases of violent acute ophthalmia—to bleed, time after time, and confine the patient to dry toast and tea, and a dark chamber, until the inflammation of the eye was subdued.

In many diseases of a decidedly sthenic and inflammatory character, after direct depletion had been carried at the onset to a sufficient extent and the period had passed that would warrant its repetition, Dr. Condie believed that, opiates and certain remedies usually reputed stimulant or even tonic may often be resorted to with advantage. That, occasionally, their omission will be a means of prolonging the patient's sufferings or, possibly, of endangering his life. They will in numerous cases, at least, when judiciously employed, most certainly shorten the period of convalescence, and more speedily and fully confirm the health of the patient than had they been entirely omitted. Very considerable discretion is, of course, required in the selection of the proper cases, as well as the correct period for their employment, but scarcely more than for the correct solution of the question in respect to the proper extent and repetition of depletion in even the most acute case of inflammation. The true indications for the suspension of depletory remedies and for a resort to stimulants, etc., it was not the intention of Dr. Condie then to consider; all he desired to say was, that experience had taught him the propriety of employing in the course of inflammatory diseases, remedies which are generally supposed to fulfil indications the very reverse of those which the lancet and depletory remedies, generally, are adapted to meet.

The second proposition presented for our discussion is comprised in the question, Has the disuse into which blood letting and other depletory remedies has fallen of late years been occasioned by a change which the type or character of disease has undergone, or by a general deterioration in the human constitution?

Dr. Condie believed that facts very clearly indicated that nearly all diseases had assumed a more asthenic form than they presented some thirty or forty years ago. That such was the case is confirmed by the experience of the entire medical profession: not of a small class of practitioners; of those of some particular section or country, or of some special school. The fact is now admitted, even by some who, but a short time ago were among the most strenuous advocates for direct depletion in forms of disease in which their contemporaries doubted its propriety. Nor is it at all surprising that there should have taken place, within the last half century, such a change in the constitution of man, in nearly every portion of the civilized world, as to cause a very decided modification in the type and character of his ordinary diseases. During the period alluded to, extensive forests have been felled; water courses have been reduced in size or entirely drained; vast extents of marsh have been reclaimed; the surface of the earth, to a far greater extent than it had previously, has been brought under cultivation; the production of all the necessaries of life has been augmented and at a diminished cost, bringing them thus within the reach of classes by whom formerly they were unattainable; machinery is taking the place of manual labor to a very great extent, at the same time; the masses have been subjected to entirely new influences, domestic, social, educational, and political: minds, which in former times were allowed to remain dormant, have been called into activity, and engaged upon subjects beyond all others the most exciting and engrossing. In short, almost every thing, physical, moral, and intellectual, with which the human being is surrounded, and by which his vital organism is capable of being influenced for good or for evil has undergone a most important change. The character and forms of his diseases have, most unquestionably, undergone a change. In reports emanating from the most reliable sources, we find it stated that, in many sections of country where formerly, and for a very long series of years, intermittents constituted the common endemic, and were looked for every autumn with as much certainty as the return of the season itself, they have of late years entirely disappeared and have very generally been replaced by typhoid fever. It is a common observation made almost every where, that the intermittent forms of febrile disease have very generally given place to those of a continued character. How seldom, Dr. Condie remarked, do we now encounter those violent inflammatory forms of bilious fever which formerly prevailed in our vicinity almost every fall; in their stead we have a low grade of remittent fever, in which the remissions become daily less and less distinct, until, finally, the case assumes a continued and typhoid form.

Formerly it was the common opinion, in support of which were enlisted the names of such authorities as Wistar and Chapman, that pulmonary (tubercular) consumption was comparatively an infrequent disease in Philadelphia, and that it seldom if ever occurred in any of the members of our older families: now, how-

ever, it is shown by our mortuary statistics that the annual mortality from this disease amounts to about 14 per cent. of all the deaths, and that it is met with as frequently, in proportion to their numbers, among the members of the oldest families of the place, as among its foreign population and their offspring—showing that increased population, increased luxuries, increased wear and tear of the physical, moral, and intellectual powers of the citizen of our metropolis have rendered him predisposed to a much greater extent than formerly to pulmonary tuberculosis.

It is urged, that, inasmuch as the description given of our common endemics and occasional diseases, by writers who observed the same class of diseases as they occurred fifty or sixty years ago, correspond exactly with those by which they are now characterized, there cannot, therefore, have taken place any change in the character of those diseases. But even if it were strictly true that no modification of symptoms had occurred, it would not prove that the constitution of the patients in which these diseases now take place are the same as those of the patients in whom they were formerly observed. The pathognomonic symptoms of a disease may remain unchanged in their general features, and yet, in one case it may occur in a sthenic, and in another in an asthenic condition of the constitution. But, to whatever cause it may be attributed, it is very certain that diseases, even those the most decidedly inflammatory, will not bear the same amount of direct depletion as formerly. In evidence of this fact we have the concurrent testimony of the majority of medical men, everywhere.

Dr. Condie believed that a necessary consequence of the present advanced state of civilization, the influence of which was extended far and wide—the diminished call which it made upon the physical exertions of the race, and the increased amount of luxury, indulgence, and repose which it secured to nearly all classes of society, but especially to those who made up the population of our larger cities and more densely settled rural districts; with the increase, at the same time, of mental effort, of moral action and reaction, and of the constant excitement to which the passions are on every hand subjected, was a reduction of the stamina of the constitution of the masses below the standard it enjoyed in former times, and the less sthenic character of the diseases by which they are attacked, and the diminished toleration of bloodletting and other debilitating remedies in the treatment of these. But, while the human constitution may now be endowed with a less amount of vitality than in the time of our predecessors, yet, in consequence of the better manner in which this vitality is husbanded, and the numerous defences, from some of the more deleterious of the prevailing morbific agents, with which the constitution is now supplied, the less amount of vitality of the present day is rendered more lasting; hence, with diminished inherent powers of endurance and resistance, the average duration of life has been, in fact, increased.

In explanation of the increased employment, during late years, of certain remedies in inflammations which, formerly, were supposed to be incompatible with the proper antiphlogistic treatment, Dr. C. suggested that probably something was to be attributed to the fact, that experience had taught to physicians a more correct appreciation of the therapeutical qualities of the remedies referred to. Opium was formerly believed to be a remedy that was positively contraindicated in all inflammatory affections. This proscription of opium in the acute phlegmasiæ and fevers of a sthenic character had been strenuously urged upon Dr. C. by his medical preceptor, and he entered upon the practice of his profession believing most certainly that to administer the article in such diseases would be positively injurious, and yet experience subsequently taught him, as it had probably all his hearers, that opiates, in the diseases referred to, especially after bloodletting, or even, in certain cases, in conjunction with it, are among our most valuable remedies.

The peruvian bark was considered by the physicians of the early portion of the present century as a powerful tonic, unadapted to any case in which the indication is to keep down arterial or nervous excitement; now, however, the active property of the bark, as contained in quinine, is exhibited as a soothing remedy, in consequence of the sedative influence it exercises over the nervous system in certain cases, formerly reputed as of the class of inflammatory affections. It is but three years ago that the idea of quinine, having the power to calm nervous or vascular excitement in any case whatever, was pronounced by one of the oldest practitioners of Pennsylvania as an unfounded and dangerous heresy. Many other articles of the materia medica could be pointed to, Dr. C. remarked, which are employed by contemporary physicians of known skill and judgment, and with unquestionable advantage, in forms of disease in the treatment of which they were formerly esteemed altogether inappropriate.

While Dr. Condie differed from the gentleman who introduced the subject for discussion, in the belief advanced by him that blood-letting was demanded now to as great an extent as it was formerly in the treatment of the phlegmasiae—at least when these are sporadic, and not epidemic; for when diseases, he admits, prevail epidemically, their character is often abnormal, and in consequence they may require an essential modification in their treatment; while, on the other hand, the several endemic and sporadic diseases of to-day are, he maintains, in all respects, the same in character as they were at any former period, and are just as tractable under a judicious employment of the same therapeutic measures as they ever were.

At the same time that he doubted the correctness of these opinions, Dr. C. most fully subscribed to the soundness of the practical deductions which had been presented by Dr. Gross in the concluding portion of his address. These, he was convinced, would be received as authority by every practitioner present. Their soundness could, indeed, scarcely be called in question by any physician of even ordinary experience.

Dr. Darrach remarked that a general view of the topic under discussion was less satisfactory than that of a more definite and specific character.

In regard to the antiphlogistic treatment, its immediate object is the removal of general and local venous and inflammatory local capillary congestion, in order to restore functions and prevent lesions. Its means are general venous and local capillary blood-lettings with or without the adjuvants of relaxing antimonials, sedation of nitrate of potassa, revulsions of blisters and saline hydragogues, and the alterative, sedative, and aplastic agency of mercurials.

In respect to inflammation, it consisted in that special kind of capillary congestion which morbidly transudes fibrine, and results generally in the formation of pus and softening of binding tissue. In all this there is that which has a destructive issue, and which hazards life proportionally to the vital importance of the affected organ.

The removal of this causal congestion, especially the capillary, is the therapeutical indication. How otherwise can this be met than by antiphlogistic appliances, except it be physiologically by diet. The antiphlogistic treatment is here the specific — contra-inflammation. Without it, the cephalic, the thoracic, and abdominal phlegmasiae would be fatal diseases.

In regard to the chief element of this treatment, (blood-letting,) there are other uses of it which are not sufficiently considered nor accurately comprehended. In endemic fevers, for example, there is often the catenation of an inflamed organ. Such was it in the Hoogly cases of Johnson. The Cullen practice, under his direction, was first used and with most fatal results. Autopsies having disclosed the liver extremely softened and destroyed by inflammation, he preceded the use of bark with copious and early blood-letting, and thereby mortality was arrested. Such was it in the gastritic yellow fever cases of Moseley, and such also in the gastro-hepatic cases of Rush. This last was a compound of inflammatory remittent with contagion of imported yellow fever, and consequently the West India practice gave place to Rush's practice of prompt and bold blood-letting, with calomel and jalap. Blood-letting is not practiced in essential fever without a full appreciation of the important fact, that (being, as fever itself, a depressor of strength) it is, without counter agencies, hazardous and even fatal. The apology, for its prompt and imperative use is the intrusion of a local, destructive phlegmasia into an essential, febrile disease, constituting the sickness, as Schœnlein would term it, a febro-phlegmasia. In another special condition, relating rather to epidemic and to endemico-epidemic fever than to endemics, blood-letting, cautiously used, and in connection with quinine, is indispensable. The condition in question is a venous, pulmonary congestion, established by an epidemic capillary congestion of the entire bronchial system, and aggravated by the veno-hepatic congestion of a tertian chile. Blood-letting, with quinine, is here the specific against asphyxia and death. This case is often called congestive fever or typhoid pneumonia, and destructively treated with stimulants.

A third special condition is that hæmorrhagic pulmonary congestion occurring in catarrhal influenza, in which there is an onset of most copious hæmatesis. Here the prompt use of the lancet restores the case to its ordinary and safe course. Medical history confirms these statements. It shows that from the time of Botellus to that of the death of Rush, there have been frequent recurrences of a high sthenic condition of animal organization, and with it a liability to phlegmasial catenations in essential fever; in all which the blood vessel system retained a synochus, and often an oppressed state in which medicines were inactive until the system was unlocked by venesection.

But, on the other hand, the history of medicine displays periods when a minimum degree of force was the basis of disease, or at least when blood-letting and its adjuvants were unacceptable. This may be inferred from the satire of Le Sage, and the detection by De Haen of a prevalent and fatal purpura induced by a popular blood-letting practice in a then existing epidemic; but which disappeared under his tonic treatment. Indeed, alternating recurrences of the sthenic and asthenic, tonic and atonic, dynamic and adynamic states, subjectively and objectively are recognized by both Sydenham and Astruc.

For a long period, up to 1814, the synochus pulse and the inflammatory tendency demanded the lancet, antimonials, and mercurials. But, since then, the infrequent occurrence of the Hunterian chancre, the objections to the mercurial treatment of syphilis, the appearance of the spotted fever in New England, and the adoption there of a stimulant practice in scarlatina, indicate a coming disuse of the antiphlogistics, and a greater reliance on alcoholic stimulants, carbonate of ammonia, quinine, vux vomica, and other tonics.

This change, continued Dr. D., was strikingly manifested by the following interesting coincidence. Dr. Rush, who had so pre-eminently and successfully sustained the antiphlogistic treatment, was fatally attacked with the then prevailing epidemic, in which he was bled. And it was then that the late Dr. Parrish had the care of a company of Irish laborers in

Camden, sick of said epidemic. The depressing plan, which being in accordance with routine first adopted, was unsuccessful. He then administered brandy. Such was the benefit of the change, that he thereby became the popular physician, and the Parrish stimulant plan, as it was called, put aside the long-prevalent antiphlogistic treatment.

Since then, in 1819, the medical wards of the Philadelphia Almshouse were filled with recently arrived emigrants, weakened from a long voyage, and reduction of food; and who, on landing, sickened with what was called typhus mitior. By the orders of Dr. James Rush, Dr. D. administered wine and wine whey. Under this stimulating treatment they all rapidly recovered.

As the winter set in, and the emigrants passed off, the same wards began to be filled with the vagrant colored population of Southwark, sick of a fever called typhus gravior. It is true that crowded wards, imperfect nursing, and panic, aggravated the condition of matters, and greatly increased the mortality; yet, besides this, the treatment of cupping the forehead, and of alcoholic stimulants, was not satisfactory. This, doubtless, was owing to an erroneous diagnosis. There is a specific disease—typhus—produced by a peculiar ideo-miasm propagated by a contagion, which results from concentration of cases, and in which alcoholic stimulants is as specific as cinchona in endemics. The said almshouse disease was an asthenic, cephalic, epidemic fever, in which quinine in the apyrexia, carb. ammonia in the exacerbations, and a blister to the occupit would have been, perhaps, a better treatment. Subsequent experience has satisfied him not only that there exists a specific typhus and its alcoholic remedy, but also that much which manifests subsultus and delirium is aggravated by alcoholic stimulants. Remittents, for example, which from the non-administration of quinine, run into hæmatoid secretions and collapse, and exhibit said typhus symptoms, are, by alcoholic stimulants, cast into extreme danger, yet from which, nevertheless, they are recoverable by the bold use of quinine. Having, in such a case, been in consultation some years ago, I advised the administration of three grains of sulph. quinine every two hours, in the place of large and frequent doses of brandy, which was evidently aggravating the subsultus, muscular tremors, picking at the bed clothes, and low muttering delirium; all which had been induced in an autumnal, double tertian remittent, by omission of the antiperiodic and the use of alcoholic stimulants. The specific action of quinine was soon manifested, and with the morning of the following day the consciousness of the patient was restored, and very soon all the other typhus-like symptoms disappeared, and convalescence in due time was established.

Again, not alcoholic stimulants but the antiphlogistic treatment has been substituted for the antiperiodic tonic, and that fatally. This has arisen from a bronchial form of epidemic fever, having been erroneously diagnosed as pneumonia. In one such instance, the autopsy discovered no red or yellow softening of pulmonary substance; but, on the contrary, there was found a universal uniform congestion of the capillaries of the bronchial membrane, with its consequent extreme venous congestion aggravated by a depressant treatment. The venous blood having been expressed from several cut-out portions of the lungs, they floated upon the surface of water, and were, on trial, found entirely and perfectly firm in texture.

A third error, has been the substitution of alcoholic stimulation for the peculiar vitalizing action of the carbonate of ammonia. This has occurred in cases of the bronchial stage of protracted typhoid fever, which has been mistaken for metastatic typhoid pneumonia. Benefited by the detection of this error, both in diagnosis and therapeutics, the following case was saved from a fatal issue. Diarrhœa, ileo-coecal symptoms, and meteorism had disappeared, the pulse had become enlarged, and in frequency reduced to 84 per minute, and convalescence seemed about being established; when, unexpectedly, a set of thoracic symptoms set in. The pulse again became contracted and frequent; breathing became short, frequent, and painful; the alæ nasi dilated extremely, and the upper eye-lids became retracted.

This is too commonly diagnosed as typhoid pneumonia; but it is a transfer of a primary capillary congestion from the ileum to the bronchial tubes, and consequent extreme venous congestion of both lungs. Ten grains every hour of carb. ammonia were administered, and in due time the case recovered. Other like instances could be cited in proof of the specific action of said sthenic agency.

In conclusion, it is not true that disease, especially fever, has now an asthenic base; that alcoholic stimulants are the specific for pure typhus; that quinine is the specific for the pseudo typhous condition into which remittents are ignorantly allowed to sink, and the pseudo pneumonic condition of bronchial forms of epidemic fever; and that carb. ammonia is the specific for the bronchial metastasis of typhoid fever.

Dr. HENRY HARTSHORNE said that he had listened with great interest to the paper of Dr. Gross, and to the remarks which had followed it, showing that there are still some practitioners of standing and experience among us who do not despise all the old modes of practice, in deference to new views. So strong is the present current, however, that it requires almost the courage of a Mazzinian conspirator to venture to take blood now in the treatment of disease.

If, however, we were obliged to do without the lancet, does it follow that we must immediately resort to the flask of *eau de vie* as to its universal substitute? This might prove to be

only going from Scylla to Charybdis. The most distinguished example of an approach to this alternative was the late Dr. Todd. What have been his results? Fortunately, a very full and accurate account of them has been given in the last number of the leading British Review, by one who had seen much of his practice, and who was in such confidential relations with Dr. Todd that the latter had placed all his case-books in his hands, for the express purpose of determining the results of his treatment. As the fruit of this investigation, we are told that, even in pneumonia, Dr. Todd's success did not compare well with that obtained under the old plan of bleeding and blistering, calomel and tartar emetic. And, in regard to fever, still more decisive facts are given. Dr. Todd's mortality from fever, in King's College Hospital, was *much greater* than that occurring in *any other hospital* in Great Britain. The average mortality from fever, in ten large hospitals, was 14 per cent. That of the London Fever Hospital (necessarily more unfavorable than elsewhere) was between 15 and 16 per cent. That of Dr. Todd was 18 per cent! Such facts speak for themselves. The writer of the able review, to which I allude, concludes that experience has not at all established the superiority of the largely stimulating plan of treatment used and taught by Dr. Todd; while it leaves a doubt whether it may not, in some cases, be positively injurious. This doubt may, in our minds, be converted into a certainty that it *is*, in many instances, injurious and destructive.

The advocates of stimulism make large appeal to the evidence of their own experience. But they are less respectful towards the experience of those who have gone before them. It is certainly proper and safe for us to compare our own observations with their assertions; as each individual practitioner must, in the present state of medical science, make his own experience to a certain extent the test of the truth of what he is taught. And, perhaps, in discussions upon a therapeutical point, we may gain more by a comparison of our experience than by an exchange of opinions.

On this ground, I venture to state that I have met with facts which seem to me to contradict some views which are now gaining extensive prevalence. In regard, for instance, to erysipelas. In this disease, Dr. Todd (and in this he was hardly alone) considered alcohol to be the supreme and almost sole remedy in all cases. Now, in proportion to the moderate extent of my practice and opportunities of observation, I have seen a good many cases of erysipelas. No one case of that disease, under my care, ever had prescribed a single drop of alcohol in any form; and yet I have no recollection of ever having lost a case of erysipelas. Two or three cases, in hospital practice, I have seen die of surgical affections, mortal in themselves, with erysipelas occurring in their course; but this does not interfere with the correctness of the statement just made. On the other hand, I think I have seen a valuable life sacrificed, in the hands of another practitioner, by the untimely administration of brandy in an attack of erysipelas, the patient having been previously in full health, and of a plethoric habit. These facts prove to me, at least, that *alcohol is not indispensable* in the treatment of erysipelas. I have no thought of denying that, in certain cases, it may be required, and may be sometimes very useful.

Again, in pneumonia. As it is necessary to be very brief, a single fact may show how my *apparent* experience—that is, experience as I have construed it—does not allow me to reject altogether the long-approved methods of treatment. It so happened that, just after finishing the reading of Dr. Todd's last book, a case of pneumonia presented itself to me in private practice. Being obstinate enough to prefer my own convictions to those of that author, as the case was a very active one, I drew blood by venesection on the second day of the attack; and, as the dyspnœa, pain, and vascular excitement were still not mitigated sufficiently, had leeches applied the following day. The treatment subsequently consisted of the use of non-nauseating doses of tartar-emetic, calomel, and Dover's powder, and a blister; the patient recovered admirably. No more rapid resolution of the attack, or more speedy convalescence, could occur in the hands of any stimulist or expectant. Yet, it ought to be added, that this is the first case of pneumonia I have bled for several years—believing that very many, perhaps the majority of cases, recover quite as well with only moderate local depletion, while a few require even stimulation. This example is only quoted to show the nature of the defence which practice affords us against the dogmatic innovations of the advanced school.

In typhus fever a very direct personal experience may be similarly adduced. In 1848, when the *starvation*-typhus was imported hither from Ireland in the emigrant ships, being then a resident physician in the Pennsylvania Hospital, I contracted the disease. At the beginning of the attack, its nature not having been suspected, I was bled, ten ounces, from the arm. In a day or two, suffering with violent headache, four dozen leeches were applied to the back of the neck; nevertheless, I *survive*, although it seems to have been written "in the laws of the Medes and Persians" that whoever is bled in typhus must die. It may be added that, during the course of the same attack, in which the usual prostration and all other characteristic symptoms of typhus occurred, but one single dose of alcoholic stimulus was taken; the effect of which was so uncomfortable that it was not repeated. The survivor of such an experience may not hesitate to believe that although it may be no doubt necessary in *most* cases, yet *stimulus is not universally essential in typhus*. In typhoid fever, my observation has led me to the

opinion that it is required only in a *minority* of cases, although frequent and concentrated *nourishment* is indispensable in all.

To sum up my view of the subject under debate this evening—debility must undoubtedly be considered an important element in pathology, more important now than it ever was before. But it is not the whole of pathology. Nor is it an axiom without exception that all debility requires alcoholic stimulation. We must all agree with Dr. Gross in his protest against exclusive stimulism, as against exclusivism of any other kind. The dangers of this extreme are as great as those of any other.

Adjourned.

NEW YORK PATHOLOGICAL SOCIETY.

DEGENERATION OF THE SPLEEN.

The Society held a stated meeting at the College of Physicians and Surgeons on the evening of Wednesday, Dec. 12th, the President, Dr. KRAKOWITZER in the chair.

PROF. ALONZO CLARK presented the spleen of a man, a German, aged 48 years, who had resided in London from the time he was fifteen years old until within two or three years back, during which period he had been living in New York, in the neighborhood of Eighth avenue and Thirty-second street. He has never resided in a miasmatic region, had always been strong and healthy, and had been troubled with no disease except the venereal, when young, and attacks of pneumonia and pleurisy two or three years ago. In January, 1860, he was found to have a hard tumor in the left side, presenting a sharp, well-defined edge. He complained of no pain, was not emaciated, and no fluid was detected in the peritoneal cavity.

In August, the bowels were costive, this condition alternating at times with frequent slimy passages. He had two or three passages containing blood, occasional epistaxis, the tumor was larger, and the presence of fluid in the peritoneal cavity was recognized. The urine was normal in composition and quantity.

On Nov. 18th, the abdomen was considerably distended by fluid, and the patient was suffering from dyspnœa. Paracentesis was resorted to, a pail full of fluid drawn off, and considerable relief thereupon followed.

The patient died December 3d.

The abdomen was found distended with fluid, and the glands of the left inguinal region enlarged. There had been a small amount of peritonitis, all the organs adhering together by bands of lymph, but easily separable. The stomach, bowels, liver, kidneys, etc., were apparently healthy.

The spleen was very large, and strongly adherent to the ribs and diaphragm, the latter being strongly pushed upward by the hypertrophied organ. It measured fifteen inches in length, eight in width, and about four and a half in thickness. Its weight was nine pounds. Over the surface was scattered a number of hard lumps, which suggested to the touch the idea of cancer. On section, however, they presented a shiny, waxy appearance, leading to the supposition that they were the result of fatty degenerescence.

On examination of the tissue of the organ by the microscope, no heterologous deposits were recognized, but there was found fibroid degeneration, with vast numbers of new fibres, incipient fibres and granules. This was a striking feature of the case, Dr. C. remarked,—the great number of nascent fibre-cells in process of elongation and transformation. The splenic cells were all bounded by an excess of fibrous tissue, and many of them emptied of their usually contained globular structure.

It was remarkable, that, notwithstanding this extensive disease of the spleen, the patient had never had ague, nor resided in a district in which he could have been exposed to the influence of miasmata.

As the disease had advanced, the spleen had gradually increased in size, and death had probably resulted from the extension of the tumor, and the effect upon the peritoneal membrane. For the last three months of his life, the patient had been largely dropsical, as if suffering from cirrhosis of the liver.

DEGENERATION OF KIDNEYS.

Dr. CLARK also exhibited two kidneys, the larger weighing two ounces, and the smaller about an ounce and a half. They were well-marked examples of the granular form of Bright's disease; and the case, he said, served to illustrate a condition of system often observed, but one, our familiarity with which had not seemed as yet to aid us much in thoroughly understanding and diagnosing.

The patient was a man, 35 years old, who had not been considered in good health. He had been operated upon when young for club-foot; and during his whole life had been regarded as an invalid, without, however, any particular disease having been attributed to him. He had been troubled with a cough for some years, with no expectoration. He had remained in his usual state of health until one evening last week, when he was seized with a pain in the side. A physician was called in, and a mustard poultice ordered. Next morning he was found very much agitated, suffering from an increase of pain, and with all his movements tremulous. He being a man who had never committed any excesses, some grave lesion was feared to have taken place, to account for the disordered condition of the innervation.

He (Dr. C.) was asked to consult with the attending physician, and an appointment was

made for half-past seven in the evening. This appointment was accepted at four in the afternoon. The messenger from the attending physician had been gone from his office but a short time, when he returned in great haste, saying the patient was much worse. He immediately went to see him, and found him apparently in articulo mortis. The chin had fallen, the breathing was convulsive, and the peculiar pallor of the dying was upon him. A member of the family started down stairs to procure some brandy, and had scarcely had time to return, when death took place.

The question was, what had killed the patient? A certain amount of inflammatory action only had been recognized by the attending physician during life—nothing apparently of a fatal nature. The only answer deducible from the post-mortem appearances, was toxæmia, the result of diseased kidneys.

A moderate degree of pleurisy was found to have existed in the left side, about six ounces of sero-purulent fluid being found in the pleural cavity of that side. The lung of the right side contained two or three ounces of bloody serum, effused, probably, during the last moments of life. Both lungs were found to have been free from pneumonic inflammation. There existed in them, however, some œdema, not enough to have been fatal, and spots of atelectasis, as well marked as that sometimes found in the lungs of young children.

On microscopic examination, the secreting portions of the kidneys were found in great measure destroyed. Only a small part could have been performing duty properly. Some of the Malpighian bodies were entirely destroyed, the contents of their cysts being highly fibrous. The commencements of serous cysts were found with white spots of fatty degeneration on their surfaces.

It was remarkable, Dr. C. said, how extensive this disease might become, without the production of any alarming symptoms. There had been in this case no great disturbance of the functions of the nervous system, no convulsions, and no great amount of dropsy until a day and a half before death.

(*To be continued.*)

—o—

"*The History of Iodine,*" says Dr. Forget, "is very remarkable. First introduced as an anti-goitre remedy, it was long before it got any credit in scrofula. For some years it has had a tremendous run. In its new phasis it began by curing hydrocele; then a bold hand introduced it in hydrathrosis; then it passed into ascites, then into hydrothorax, into the pericardium, and I believe it has penetrated even into hydrocephalus. This is not all; it cures ovarian cysts, chronic abscesses, fistulæ, caries of the bones; it disinfects, deterges, and cicatrises wounds of a bad kind; it cures diphtheritis, dysentery, etc., etc. Ah! here is a remedy which men call specific!"

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 22, 1860.

TENDENCIES OF THERAPEUTICS.

The tendencies of medicine, at the present time, form an interesting study, particularly as they relate to therapeutics. It is, hence, with great pleasure that we lay before our readers the discussion on the subject, which took place recently at the Philadelphia County Medical Society.

The almost universal abandonment of the lancet, the substitution of milder plans of treatment for those heroic modes, yet in vogue a generation ago, are matters of history. Quinine and iron are now given, where tartar emetic was formerly resorted to; patients are kept upon a nutritious diet where once they were bled, and, while formerly the patient was denied water for fear of increasing the fever, he is now put upon brandy in larger or smaller doses. The general tendency of therapeutics is, to use a favorite and expressive clinical phrase, "building up," sustaining and stimulating. That such *is* the tendency of our day, about this there can be no dispute.

There are those who look upon these changes as the result of accident and *fashion;* they regard the representative men of successive schools in therapeutics as medical Beau Brummels. As in the matter of habiliments, certain fashions prevail for a time, pass away, and are followed by others, recurring, however, sooner or later, in the same or a slightly-modified form; so there are those in the profession who consider the present tendency of building up and stimulating in therapeutics as a resurrection of Brunonianism, with a modern cut. With this view it is, of course, confidently predicted that the new mode will, sooner or later, go "out of fashion."

However *easy* a view this may be, it is at once both superficial and obviously false.

There is no part of the intellectual development of mankind which is not regulated by laws and logic as permanent and immutable as those of the physical world, and, when we ob-

serve strong and irresistible currents in the science of medicine, all running in one direction, it is as philosophical to call them merely accidental and fashionable, as it would be to call the rise and progress of empires accident, and the strifes and battles of nations for freedom and independence the result of fashion. There is a logic in the development of medicine as there is a logic in the history of nations, and to study the causes which lead to the changes constantly going on, and thus to grasp in one general idea the tendency of the science, must be the aim of the philosophical observer.

There have been essentially two modes of interpreting the change in the therapeuticul tendency during the last two decennia. One party says that the type of diseases has changed from the sthenic to the asthenic; another party claims that science, or rather that physicians have changed by arriving at a better understanding of disease, its nature and therapeutical indications. Then we have views compromising between these two. It is claimed that there are cyclical changes in the type of diseases, governed by laws, meteorologic and terrestrial, as yet not understood, and that we are at present at the low tide, asthenic, of one of these cycles.

There has been, in all the discussions on the subject, a great oversight of some very important facts, a proper consideration of which will enable us, perhaps, to understand more fully the causes of the revolution in therapeutics. We allude to the *social* changes which have taken place simultaneously with the former.

Have there been any causes, operative during the last thirty years, which would lead, not to a change of type in disease, but to a change in the physical constitution of man, in consequence of habits, modes of life, occupation, which would render him more apt to succumb to attacks of disease, and whence the necessity of a more sustaining and stimulating treatment, than before these causes were in operation? Are there any influences now at work, not in operation to the same extent thirty years ago, which tend to enfeeble the constitution of men? Most assuredly.

Is it to be supposed that a few hundred thousand miles of railroad track that have been laid within thirty years, covering the map of the civilized world, like the web of a spider, with tens of thousands of steam-horses, carrying millions upon millions of men at a tremendous speed, and a hundred thousand steamers and steamboats ploughing every sea, lake, and river; is it to be supposed that all this could have taken place without changing the *habits*, and with them the physical—aye, even moral—constitution of mankind? And yet, instead of inquiring into the changes wrought by *these* mighty influences that have been at work incessantly, we hear men talk about the obscure meteorological and terrestrial influences, "changing the type of disease," and of the change in medical "theory and fashion."

Is it probable that the introduction of steam into the mechanical arts, with a hundred thousand pyramidal chimneys towering up, smoking and puffing, the monuments of a new form of civilization, and with its six and ten-story factories, dusty, ill-ventilated, with sixteen hours labor—stationary labor, out of the reach of fresh air—is it probable that these influences, directly acting upon the habits, social, industrial, physical, moral, of man, have been at work, without leaving a trace in his physical constitution as regards the liability to disease and the power to withstand it?

Is it to be supposed that the prevailing and increasing tendency of men to live together in large communities (witness the last census reports) has done nothing to change, not the type of diseases, nor the therapeutical *fashions*, but the physical constitution of man as regards its capacity for and power to combat disease?

The fast life which our present generation lives, in consequence of the great social and commercial revolutions which have taken place, has rendered men more liable to become attacked by diseases of debility. Space does not permit us to-day to enter upon the subject more in detail; we shall, however, refer to it again.

Longevity.—A correspondent of the London *Medical Times* asks if there are any really *authentic* instances of persons having reached the age of one hundred years.

VIOLATION OF ETHICS.

Under Section 3, Article I, "Of the Duties of Physicians to Each Other, and to the Profession at Large," Code of Ethics of the American Medical Association, we read as follows:

"It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; *or to publish cases and operations in the daily prints, or suffer such publications to be made*, etc. etc. These are *the ordinary practices of empirics*, and are highly reprehensible in a regular physician."

If the reader will turn to the Reporter for November 24, he will find some pretty plain remarks about the Academy of Medicine and the Medico-Chirurgical College, both of New York. Both of these societies stand very high, and count among their members eminent gentlemen. But both are, we are sorry to say, guilty of what our recognized Code of Ethics calls "*the ordinary practices of empirics.*"

In the New York *World* of Saturday, December 15th, there is another "puffing" report of the Medico-Chirurgical College, in which Drs. Peaslee, Sayre, and Gardner are advertised to the general public.

Now, all this is done either under the express sanction of that Society, or with their connivance. If this and other Societies continue thus to flagrantly violate the Code, let their delegates be promptly challenged at the next meeting of the American Medical Association; for what right have they to ask representation in that body, when they do not have a meeting without "publishing in the daily prints cases and operations," or suffering the publication thereof, and thus violating not only the spirit, but the very language of the Code?

—o—

St. Louis Schools.—The St. Louis *Medical and Surgical Journal* says of the classes in that city: "The number now present is considerably greater than at a corresponding period last year, and the prospects are that we will have larger classes, perhaps the largest, that ever assembled west of the Mississippi river.

Correspondence.

THE NEW DEGREE.

Messrs Editors:—The "new degree" being under discussion in the Reporter, and being a subject, it seems to me, well worth the consideration of the profession of this country, I hope to see it well discussed, that some good may be derived from it.

That something should be done to distinguish the scientific practitioner of medicine, the man of solid acquirements, the real physician, from the quack, pretender, or charlatan, is sufficiently clear to need no argument. Nor is such a distinguishing mark needed only by the profession. The *public* sadly needs some protection. Imposture in medicine, quacks and quackery are at every turn, and the people have no means of discriminating between these and the reliable and honorable physician. This should not be; it need not be. A title or degree can be conferred upon the scientific practitioner of medicine which shall in any land distinguish him from the impostor.

Let us then have a national degree. The title should be a national one, and the qualifications should of course conform to a national regulation; making it therefore necessary to have a prescribed *national* standard of qualifications, the candidates for the degree to be all subjected to the same test. Let the American Medical Association be the head, or highest tribunal, and let this body appoint a board or boards of examiners or censors.

Then, what shall be the title? Shall we retain the present one? In regard to the latter question, I, for one, do not think it necessary to forsake our old friend "M. D." They are not entirely useless, even though they have been abused. *Medicinæ Doctor* means the same now as it did before it was used by impostors, and if by an additional letter or two we can vouch for its purity, I see no reason to discard the time-honored M. D. Can we not retain the M. D., and at the same time distinguish it from that assumed by the undeserving? Why not designate those possessed of the necessary qualifications and approved by the National Association or its censors *National Licentiates*, making the title M. D., N. L.? This will, I think, accomplish what is desired, is perhaps as brief as it could be made, avoids the alliteration and other objectionable features of the "maternal" M. A. M. A., and at the same time includes the present familiar and long-respected title.

The above suggestions are offered in the hope that a subject so important may not be suffered to rest until some reform be accomplished.

U.

NEWS AND MISCELLANY.

Tracheotomy in Croup—M. Henriette, of the St. Pierre Hospital, Brussels, in a note to Professor Thiérry, states that having well nigh abandoned this operation, after repeated failures, his confidence in it of late has been restored by several instances of success, he having had four recoveries out of eight operations, performed since the end of last year. He believes the chief cause of its failure is the delay in resorting to the performance of the operation. As soon as medical means have failed, and the early symptoms of asphyxia are present, when, indeed, we can otherwise only look to chance for success, we should at once operate before the child's powers become too much exhausted.—*Presse Méd. Belge—Boston Journal.*

Cleveland Medical College.—The annual course of lectures in the Cleveland Medical College commenced on Wednesday, November 7th. The Introduction was delivered by Prof. Weber before a large audience—the students and friends of the institution. The subject of the introductory was: "The importance of the physical education of infants." The number of students in attendance on the first and second day was sixty-two, which number is expected to increase during the first few weeks of the session to very near one hundred.—*Cincinnati Lancet and Obser.*

The City Hospital.—It is said that the Board of Health, of this city, have resolved to close the hospital for contagious diseases. We have not heard the reasons assigned for this movement, but in the reported increase of small-pox in the city it seems inopportune.

Charity Hospital.—At a meeting of the Medical Board of Charity Hospital, held December 4th, Robert Bolling, M. D., was elected to the Chair of Diseases of Skin in said institution.

Army and Navy.—Assistant Surgeon John F. Head, to be Surgeon, September 6, 1860, *vice* Byrne, deceased.

J. Campbell Shorb, of Pennsylvania, to be Assistant Surgeon, *vice* Keeney, promoted; to date from October 11, 1860.

Abel F. Mechem, of Maryland, to be Assistant Surgeon, *vice* Murray, promoted; to date from October 11, 1860.

Clinton Wagner, of Maryland, to be Assistant Surgeon, *vice* Myer, appointed Signal Officer; to date from October 11, 1860.

David P. Ramseur, of North Carolina, to be Assistant Surgeon, *vice* Head, promoted; to date from October 15, 1860.

William F. Cornick, of Virginia, to be Assistant Surgeon *vice* Hammond, resigned; to date from October 31, 1860.

A Quack Advertisement.—The New York *Tribune* states that it is to receive over $31,000 for one year's insertion of a quack advertisement in its daily, semi-weekly, and weekly issues. It states that this will prove a profitable investment to the advertiser, in which case this enormous sum of money will, of course, be drawn from the readers of that paper, and be paid back to the quack for his worthless preparation. The universal panacea now put forward is called the "*Cephalic Pills.*" We hope the profession will, as far as possible, prevent this "Enterprising Business Man," as he is styled, from realizing the contemplated profits from his investment.—*New York Med. Times.*

Poisoning from Green Paper Hangings.—An English jury has rendered a verdict of death from "the inhalation of arsenical fumes which had escaped from the green paper of a certain sitting-room, and that the manufacturer of such paper had been guilty of very careless and culpable conduct."

Dr. Letheby reported that the paper on the room was covered with the arsenite of copper, the pigment amounting to about a third weight of the paper. He found arsenic in the stomach, liver, and evacuations of the child.

Evasion of the English "Medical Act."—A practitioner, who professes to be a graduate of this country, has attempted to evade the requirements of the Medical Act, which requires graduation or licensing in England before assuming the title of Doctor, or Surgeon, by styling himself "I. Hamilton, Surgeon, Boston, U. S. Anti-Registered." Previous decisions have determined that the assumption of the title is illegal, unless the practitioner be registered.

Chloroform and Ergot have been combined for inhalation in cases of labor in which there is inertia or hæmorrhage. The London *Medical Times* says that the subject is to be presented at the next meeting of the London Obstetrical Society.

The Empress of Austria is suffering from pulmonary tuberculosis. She is now recruiting her health at Madeira. . . . The Empress of France, it is said, recently visited Edinburgh and consulted Mr. Simpson. . . . Two new psychological journals are about to be started in Paris, entitled *Clinical Archives of Mental and Nervous Diseases*, and the *Journal of Mental Science*. . . . A French Sanitary Congress is soon to assemble at Lyons. . . . A medical student has been sentenced to one year's imprisonment for forging a diploma by which he secured an appointment of surgeon to a militia company in Scotland. . . . The average longevity of the British Peerage is seventy years.

MARRIAGES.

BERRY—DUNLAP.—November 1st, William Berry, M. D., of Bremen, O, to Miss Elizabeth Dunlap, of Morgan county, Ohio.

DEATHS.

DALLAM—At Rising Sun Village, Philadelphia, Dec. 15th, of meningitis, Maggie W., wife of Dr. J. M. Dallam, and daughter of the late Captain James Rich, of Denton, Maryland.

BRINSMADE.—At Troy, N. Y., Dec. 11th, Jane Elizabeth, only daughter of Dr. Thomas C. and Elizabeth Brinsmade.

In the death of this lovely and accomplished young lady, the parents are bereaved of a daughter whose filial affection seemed inwoven with their very life, and who was peculiarly endeared to them by the unaffected simplicity and beauty of her Christian graces; but the remembrance of these, and their glorious reward, will shed a softer light over the darkest hours of their affliction. W.

BRUCE.—Dr. N. Bruce died at Mount Pleasant, Iowa, on the 8th of November last, after a short illness, having attained the ripe age of 72 years and 2 days.

He was born in Alleghany county, Md., and after having obtained a liberal education, he commenced the study of medicine under Dr. Murray, an eminent physician of Cumberland, and shortly afterward attended lectures at the University of Pennsylvania, in Philadelphia—fifty years ago. The celebrated Drs. Rush and Wistar were then among the faculty of that institution—the former, especially, was a favorite of the deceased, and in his old age he frequently quoted the maxims and precepts of his esteemed professor.

The Doctor came to Somerset county, Pa., in 1810, where he practised medicine for a period of about forty years, during which time his practice was very extensive and laborious. In 1855 he removed from this place with Dr. Berkey, his son-in-law, to Mt. Pleasant, Iowa, where he remained up to the time of his death.

Perhaps no man ever lived in Somerset county who had more warm friends and fewer enemies (if, indeed, he had any,) than Dr. Bruce. His private worth, his delightful social qualities, and the benevolence of his heart, will be sufficiently attested by his numerous mourning friends and acquaintances in every part of the county. It was among the sick and distressed that these noble qualities were mostly appreciated. Nature had fitted him for his vocation. The poor received his care and kind attentions equally with the rich. Admiration of his talents as a physician, and respect for his honesty as a man, were universal. P.

Answers to Correspondents.

Vaccine.—The following are the Vaccine Physicians in this city appointed by the Board of Health:

1st Ward, Wm. Reyburn, No. 1145 S. Tenth street; 2d Ward, Wm. Notson, S. W. corner of Fifth and Carpenter street; 3d Ward, N. C. Reid, No. 801 S. Fourth street; 4th Ward, J. W. Chamberlain, No. 622 S. Eleventh street; 5th Ward, C. P. La Roche, No. 614 Locust street; 6th Ward, J. C. Cooper, No. 139 Arch street; 7th Ward, R. W. Ritchie, No. 1935 Lombard street; 8th Ward, Wm. S. Forbes, No 261 S. Seventeenth street; 9th Ward, Robert Bolling, No. 256 S. Twelfth street; 10th Ward, H. St. Clair Ash, No. 1712 Vine street; 11th Ward, G. B. Lummis, No 145 Coates street; 12th Ward, L. E. Nordman, S. E corner of Fifth and Green streets; 13th Ward, E. B. Shapleigh, No. 440 N. Eighth street; 14th Ward, Benj. Phister, S. W. cor. Twelfth and Green streets; 15th Ward, E. B. Jackson, No. 1923 Callowhill street; 16th Ward, Daniel Hershey, No. 904 N. Fifth street; 17th Ward, James W. Rowe, Thompson street and Germantown road; 18th Ward, Charles E. Cady, No. 1603 Frankford road; 19th Ward, Edgar Janvier, Richmond street, below Second; 20th Ward, James Anderson, No. 1103 Thompson street; 21st Ward, J. C. Stanton, Manayunk; 22d Ward, J. C. Gilbert, Main street, Chestnut Hill; 23d Ward, J. F. Lamb, No. 102 Frankford street, Frankford; 24th Ward, Elisha Crowell, Till and Market streets, West Philadelphia.

Digitalis in Scarlatina.—Dr. C. E. Cady, of this city, appends the following to a business letter:—

I notice in a recent number of the REPORTER a communication from Dr. Gebhard relative to the use of digitalis in scarlatina, and I can add a most positive testimony in concurrence with his experience, for I have during the past three years used digitalis in combination with the iodide of potassium, with almost uniform success, excepting in those cases where the invasion of the disease was of that terrible character which at once depresses vital force at the onset.

My private views of scarlatina in its various forms, differ from those generally entertained; hence, I adopted, some time ago, the iodine and digitalis treatment. I have never seen cause to regret my course.

COMMUNICATIONS RECEIVED.

Canada West—A. F. Steinhoff, (with encl.) *District of Columbia*—Dr. D. King, Dr. J. Dwinelle. *Illinois*—Dr. D. W. Stormont, (with encl.,) Dr. B. Woodward. *Iowa*—Dr. I. Langer. *Kentucky*—Dr. W. B. Harlan, (with encl.,) Dr. W. M. Browning. *Michigan*—Dr. L. Davenport. *Mississippi*—Dr. J. W. Shattuck. *New Hampshire*—O. L. Bradford, (with encl.) *New York*—Dr. W. H. Wadsworth, (with encl.,) Dr. J. W. Gray, (with encl.,) Dr. W. S. Griswold, (with encl.,) Dr. W. W. Wheaton, (with encl.,) Dr. R. R. Gregg, Dr. R. W. Clark, Dr. H. Nicholls, (with encl.,) Dr. M. Stowell, (with encl.,) Dr. W. H. Hall. *Ohio*—Dr. MacNicholl, (5,) Dr. J. A. Williams, Dr. S. W. Wetmore, (with encl.,) Dr. E. L. Plympton, (with encl.,) Dr. W. B. Davison, (with encl.,) Dr. B. Palmer, (with encl.,) Dr. L. C. Stebbins, (with encl.,) Drs. Palmer and McConnell, (with encl.,) Dr. J. Delamater, (with encl.,) Dr. E. Sterling, (with encl.,) Dr. E. Hunter, (with encl.,) Dr. J. C. Sanders, (with encl.,) Dr. Dickinson, (with encl.,) Dr T. P. Wilson, (with encl.,) Dr. R. T. Strong, (with encl.,) H. B. Fellows, (with encl.,) W. E. Chapman, Dr. W. W. Holmes, (with encl.) Dr. M. Dunlap, (with encl.,) Dr. H. Coffman, (with encl.,) Dr. A. H. Stephens, Dr. B. Sheldon, (with encl.,) Jas. Bagg, (with encl.,) E. H. Greenman, (with encl.,) T. J. Jung, (with encl.) *Pennsylvania*—Dr. A. P. Dutcher, Dr. J. F. Fischer, (with encl.,) Dr. J. E. Hamilton, (with encl.,) Dr. S. G. Clark, (with encl.,) Dr. O. D. Palmer, Dr. D. Detwiler, (with encl.,) Dr. R. H. Patterson, Dr. J. C. Rutter, (with encl.,) Dr. G. J. Scholl, (with encl.,) Dr. J. Foote, Dr. E. N. Smith, (with encl.,) Dr. H. Shutts, (with encl.,) Dr. H. A. Tingley, (with encl.,) Dr. L. A. Smith, (with encl.,) Dr. L. W. Bingham, (with encl.,) Dr. A. M. Tiffany, (with encl.,) Dr. C. C. Edwards, (with encl.) S. S. Cowell, (with encl.,) Dr. J. M. Stevenson, (with encl.,) Dr. P. J. Raebuck, (with encl.) Dr. J. McCarrell, (with encl.,) *Tennessee*—Dr. F. Porter. *Vermont*—Dr. A. Atwood. *Virginia*—Dr. A. H. Canthorne.

Office Payments.—Dr. J. J. Clark, (Pa.,) Dr. W. Elmer, (N. J.) Dr. Clark, (N. J.) By Mr. Swaine: Drs. Robertson, Funk, Bloom, Freeman, Haskell, Brown, and Kirkbride.

MORTALITY OF CITIES DURING THE WEEK ENDING DECEMBER 8, 1860.

Numbers, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	213	338	.....	119	.....	.....	.....	18	.....	.....	80
Males	107	163	.....	58	.....	.....	.....	12	.....	.....	53
Females	106	175	.....	50	.....	.....	.....	6	.....	.....	25
Sex not stated	.....	.....	.....	11	.....	.....	.....	.....	.....	.....	2
Whites	209	337	.....	85	.....	.....	.....	12	.....	.....	78
Black and colored	4	1	.....	32	.....	.....	.....	6	.....	.....	2
United States	164	204	.....	59	.....	.....	.....	15	.....	.....	.....
Foreign countries	36	134	.....	31	.....	.....	.....	3	.....	.....	.....
Nativity unknown	13	.....	.....	29	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	89	141	.....	47	.....	.....	.....	4	.....	.....	32
5 to 10 years	11	18	.....	3	.....	.....	.....	1	.....	.....	
10 to 20 "	14	16	.....	2	.....	.....	.....	1	.....	.....	48
20 to 50 "	52	103	.....	38	.....	.....	.....	8	.....	.....	
50 and over	47	57	.....	12	.....	.....	.....	4	.....	.....	
Unknown	.....	3	.....	18	.....	.....	.....	.....	.....	.....	
Causes of Death.											
Zymotic Diseases.											
Croup	8	8	.....	1	.....	.....	.....	.....	.....	.....	3
Cholera Infantum	.....	1	.....	3	.....	.....	.....	.....	.....	.....	.....
Cholera	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	3	3	.....	7	.....	.....	.....	.....	.....	.....	8
Diphtheria	10	7	.....	.....	.....	.....	.....	2	.....	.....	1
Dysentery	.....	2	.....	4	.....	.....	.....	1	.....	.....	.....
Erysipelas	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fever, remittent	2	2	.....	3	.....	.....	.....	.....	.....	.....	.....
Fever, intermittent	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
" pernicious	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
" typhoid	3	3	.....	2	.....	.....	.....	2	.....	.....	4
" typhus	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
" scarlet	20	29	.....	2	.....	.....	.....	.....	.....	.....	1
" yellow	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Hooping Cough	1	1	.....	1	.....	.....	.....	1	.....	.....	.....
Measles	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	3	6	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	4	8	.....	2	.....	.....	.....	1	.....	.....	1
Congestion of Lungs	3	5	.....	.....	.....	.....	.....	.....	.....	.....	.....
Consumption	35	46	.....	17	.....	.....	.....	3	.....	.....	9
Pneumonia	7	32	.....	8	.....	.....	.....	.....	.....	.....	10
Hemorrhage from Lungs	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	1
Pleurisy	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	9	5	.....	.....	.....	.....	.....	2	.....	.....	3
Convulsions	6	18	.....	7	.....	.....	.....	1	.....	.....	6
Congestion of Brain	6	7	.....	2	.....	.....	.....	1	.....	.....	1
Disease of Brain	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Delirium Tremens	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Epilepsy	1	1	.....	.....	.....	.....	.....	1	.....	.....	.....
Hydrocephalus	.....	11	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflammation of Brain	2	10	.....	1	.....	.....	.....	.....	.....	.....	2
Paralysis	3	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tetanus	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Circulatory System.											
Aneurism	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	2	9	.....	6	.....	.....	.....	.....	.....	.....	1
Phlebitis	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	.....	3	.....	2	.....	.....	.....	.....	.....	.....	1
Gastritis	.....	5	.....	.....	.....	.....	.....	.....	.....	.....	1
Hepatitis	2	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflammation of Throat	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Intussusception	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	3	6	.....	7	.....	.....	.....	.....	.....	.....	.....
Marasmus	11	18	.....	4	.....	.....	.....	.....	.....	.....	4
Peritonitis	5	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Urinary Organs.											
Albuminuria	1	5	.....	1	.....	.....	.....	.....	.....	.....	.....
Diabetes	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	1	2	.....	.....	.....	.....	.....	.....	.....	.....	1
Diseases of Uncertain Seat.											
Abscess	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Cancer	.....	6	.....	.....	.....	.....	.....	.....	.....	.....	1
Dropsy	8	6	.....	2	.....	.....	.....	.....	.....	.....	1
Debility, etc	23	13	.....	1	.....	.....	.....	1	.....	.....	2
Fever	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scrofula	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Convulsions	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fever	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Diseased Womb	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
External Causes.											
Accidents	2	14	.....	5	.....	.....	.....	1	.....	.....	1
Poisoning	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stillborn	9	.....	.....	13	.....	.....	.....	.....	.....	.....	3
All other causes	11	28	.....	13	.....	.....	.....	1	.....	.....	10

CASTLETON MEDICAL COLLEGE.

Castleton, Vermont.

SIXTIETH SESSION, 1861.

CORYDON L. FORD, M. D., Professor of Anatomy.

ADRIAN T. WOODWARD, M. D., Professor of Obstetrics and Diseases of Women and Children.

GEORGE HADLEY, M. D., Professor of Chemistry.

WILLIAM P. SEYMOUR, M. D, Professor of Materia Medica and Therapeutics.

E. K. SANBORN, M. D., Professor of Surgery.

P. D. BRADFORD, M. D., Professor of Physiology and Pathology.

CHARLES L. ALLEN, M. D., Professor of Theory and Practice of Medicine.

P. PINCO. M. D., Professor of Medical Jurisprudence.

The Annual Course of Lectures will commence on the last Thursday of February, and continue four months.

Fees.—For a full Course of Lectures, $50.00; Matriculation Ticket, $5.00; Graduation Fee, $16.00.

Anatomical material supplied at a reasonable cost.

Good board can be obtained at from $2.50 to $3.00 a week.

CHARLES L. ALLEN, *Dean.*

Castleton, Vermont, Nov. 5th, 1860.

LONG ISLAND COLLEGE HOSPITAL.

BROOKLYN, N. Y.

THE COURSE preliminary to the session of 1861, will begin on the 18th of February, and the Regular Lectures on the 18th of March, to continue till the middle of July.

REGENTS.

HON. SAMUEL SLOAN, Pres't. T. H. RODMAN, ESQ., Sec.

COUNCIL.

T. L. MASON, M. D., C. L. MITCHELL, M. D.,
W. H. DUDLEY, M. D., J. H. HENRY, M. D.

PROFESSORS.

AUSTIN FLINT, M. D., Practical Medicine and Pathology.

FRANK H. HAMILTON, M. D., Principles and Practice of Surgery.

JAMES D. TRASK, M. D., Obstetrics, and Diseases of Women and Children.

R. OGDEN DOREMUS, M. D., Chemistry and Toxicology.

JOSEPH C. HUTCHISON, M. D., Operative Surgery and Surgical Anatomy.

JOHN C. DALTON, M. D., Physiology and Microscopic Anatomy.

DE WITT C. ENOS, M. D., General and Descriptive Anatomy.

EDWIN N. CHAPMAN, M. D., Therapeutics and Materia Medica.

DEMONSTATOR OF ANATOMY.

GEORGE R. SMITH, M. D.

Every facility afforded for dissection throughout the year.

Clinical Lectures daily, except Sunday, on Medicine, Surgery and Obstetrics, for which ample material is furnished in the lying-in wards and general hospital under the same roof.

PRELIMINARY COURSE.

This Course will begin on the 18th of February, at 11 o'clock A. M. Two lectures will be given daily, except on Saturdays and Sundays, until the commencement of the regular term, as follows:

Prof. HAMILTON on Military Surgery.

Prof. DOREMUS on Light.

Prof. HUTCHISON on the Operative Surgery of the Eye.

Prof. ENOS on the Unity of Type in the Vertebrate Animals.

Prof. CHAPMAN on the Physiology of Plants, and Pharmacy in relation to Therapeutics and Materia Medica.

The course on Military Surgery will consist of 20 lectures, and embrace the examination of Recruits; hygiene of troops; life in tents, huts, barracks, and hospitals, with the proper mode of construction and location of each; field-service, transportation of the wounded on litters, ambulances, &c.; gun-shot wounds, amputations, tetanus, gangrene, scorbutus, frost-bite, and feigned diseases. The lectures will be illustrated by models, drawings, and apparatus.

Fee for the preliminary course, $10.

PHYSICIANS and SURGEONS taking this ticket will be admitted to all the lectures of the regular term.

MATRICULATED STUDENTS will be entitled to a free ticket.

As far as practicable, instruction in all the departments will be by demonstration.

FEES.—Full Course, $100: Matriculation, $5; Demonstrator's Fee, $5; Graduation, $25. 205

TRUSS

AND

BRACE DEPARTMENT,

CONNECTED WITH

NEEDLES' PHARMACEUTICAL STORE,

12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

THE TRUSS AND BANDAGE

BUSINESS OF THE LATE **DR. McCLENACHAN** No. 50 NORTH SEVENTH STREET, will be continued by **MRS. McCLENACHAN.**

MR. G. W. TAYLOR, who has had more than twenty years experience in this branch of Mechanical Surgery, and who has been engaged in this establishment for many years, will take charge of the Male Department. Ladies will be attended by MRS. McCLENACHAN.

Physicians can rely on getting the most approved

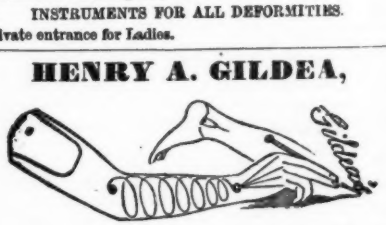
RADICAL CURE and other TRUSSES,
FEMALE SUPPORTERS,
SHOULDER BRACES,
ELASTIC STOCKINGS,
SPINAL APPARATUS

For weak and curved spines, and

INSTRUMENTS FOR ALL DEFORMITIES.

Private entrance for Ladies.

HENRY A. GILDEA,



ARTIFICIAL LIMB MAKER,

No. 712 CHESTNUT STREET,

Second Story Room, No. 4.

REPAIRING ARTIFICIAL LIMBS

ATTENDED TO AT ONCE.

REFERENCES:—Dr F. Gurney Smith, Dr. John Neill, Dr. Andrew Nebingor, Furman Sheppard, Esq., W. V. McKean, Esq.